

VA Nebraska-Western Iowa Health Care System

Doctoral Internship in Clinical Psychology

“Excellent Generalist” Rural Focus



Match II Application Due Date: 3-1-23

Note: For the standardized APA-required summary of the three NWI Internship training tracks, admission criteria, financial support and benefits, plus a summary table outlining initial graduate placements (post doc and jobs) please see the following link: [Appendix A: Internship Admissions, Support, and Initial Placement Data](#)

See also: [Table of Content Links](#).

MATCH Numbers:

221711 - NWI - Rotation Based - Grand Island VA - 2 positions
221712 - NWI - Rotation Based - Lincoln VA - 1 position *
221713 - NWI - NO Rotations - Rural Norfolk CBOC - 1 position

Not anticipated to be available in the 2023-24 training year:

NWI - Rural Outpatient Focus-Omaha VA - 0 positions **

NWI - Ass'm't Focus + Rural - Omaha VA - 0 positions * *

Note: COVID and any pandemic related restrictions may impact the experiences delineated in this brochure. Also, the number of training site positions or their locations may change or shift depending on changes in supervision availability. Any such shifts that we are aware of will be announced in MatchNews prior to Match-I rankings are due.

Accreditation Status

The Doctoral Internship in Clinical Psychology Program of the VA Nebraska-Western Iowa Healthcare System (NWI) is designated as “Accredited” by the APA Commission on Accreditation with our next site visit originally targeted for 2021; this was delayed first by COVID-related decisions at APA and then by our ‘pause’ year (2022-23). We expect a site visit when Interns return to our program in the 2023-24 training year. See the APA webpages for more details:

<http://www.apa.org/ed/accreditation/about/about-accreditation.aspx?item=2>

<http://www.apa.org/ed/accreditation/about/coa/decoding.aspx>

Questions related to the program’s accredited status should be directed to the Commission on Accreditation.

APA’s Commission on Accreditation:

Office of Program Consultation and Accreditation

American Psychological Association

750 1st Street, NE, Washington, DC 2002

Phone: (202) 336-5979/e-mail: apaaccred@apa.org

Web: <http://www.apa.org/ed/accreditation/>

Multiple Training Sites: One Unified Internship

For the convenience of the reader, information about the five training tracks are available via embedded links throughout this brochure, including: [Table of Content Links](#) (located at the end of the brochure), as well as information about [Shared Attributes of Training Across Training Sites](#), and [Site-Specific Training Experiences](#).

A map depicting the relative locations of the four training sites can be found at: [NWI Facilities/Training Site Information](#). Pictures and links to information about each training site follow:

[Grand Island VA - two positions](#)

**Track 221711: “NWI— Rotation Based—
Grand Island VA”**



[Norfolk CBOC – one position](#)

**Track 221713: “NWI— NO Rotations —
Rural Norfolk CBOC”**



[Lincoln VA – one Position](#)

**Track 221712: “NWI— Rotation Based—
Lincoln VA”**



[Omaha VA Medical Center](#) (Resourced for 3 interns-None for 2023-24)

(No slots for 2023-24)



Note that prior **Training Track - (Omaha-Polytrauma position)** is housed in a Satellite Clinic adjacent to the Omaha VAMC and is not pictured. The Omaha-Polytrauma based Intern typically spends about 1 to 1.5 days per week in the Omaha VAMC.

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Training Year Defined

The 2023-24 Internship training year is generally a one-year and one-day appointment. Unless otherwise instructed, eligible Interns must be able to follow an 08:00 AM to 4:30 PM work schedule M-F and be physically present on site on the first business day (**Monday July 17, 2023**) and on the final business day (**Friday July 12, 2024**) consistent with a full 52-week internship per APA accreditation (and some state licensing) requirements.

See also [Requirements for Completion of the Internship](#)

Application & Selection Procedures

Eligibility

Internship applicants must meet the following criteria to be considered for the VA NWI Doctoral Internship in Clinical Psychology Program:

- 1) **Doctoral student in good standing**
 - A. in an APA-accredited graduate program in psychology or
 - B. in an APA approved re-specialization training program in Clinical or Counseling Psychology
- 2) **Approved for Internship** status by graduate program director of training
- 3) **Intervention Hours:** Applicants are preferred to have a minimum of 350 direct intervention hours of supervised graduate level pre-internship practicum experience. We prefer that applicants have prior exposure to at least one type of empirically supported/evidence-based therapy, and if possible, some group therapy experience. If prior experiential training in cognitive-behavioral therapy (CBT) interventions or manualized interventions utilizing evidence-based practices is limited, then that should be addressed in the cover letter. See the [Goodness of Fit](#) discussion later in this document.
- 4) **Assessment Hours:** Applicants are preferred to have a minimum of 50 direct assessment hours of supervised graduate level pre-internship practicum experience. There should be a minimum of five integrated psychological assessment reports that have been completed. Applicants who do not meet the assessment hours can still apply but strengths and weaknesses of assessment experiences should be discussed/addressed in your cover letter and or application.
- 5) **U.S. citizenship.** All Interns will have to complete a Certification of Citizenship in the United States prior to beginning the internship. VA will not consider applications from anyone who is not currently a U.S. citizen. Non-citizens cannot be credentialed for clinical practice at the VA for these internship positions.
- 6) Match results and selection decisions are contingent upon passing these screens:
 - A. Male applicants born after 12/31/1959 must have registered for the draft by age 26; the Federal Government requires that male applicants to VA positions who were born after 12/31/59 must sign a Pre-appointment Certification Statement for Selective Service Registration before they are employed
 - B. Matched Interns are subject to fingerprinting and background checks
 - C. Understanding starting and continuation in position is subject to passing random drug screening.

Note: After Internship, to be eligible for employment as a VA Psychologist, a person must be a U.S. citizen AND must have completed an APA-accredited graduate program in psychology AND must have completed an APA-accredited Internship in Psychology, with the specialty area of the degree consistent with the assignment for which the applicants is to be employed. The only exception is for those who complete a new VA Internship that is not yet accredited; please note, this exception is VA-specific and does not apply to other federal psychology positions.

Internship applicants must meet the following criteria to be considered for the VA NWI Doctoral Internship in Clinical Psychology Program:

All coursework required for the doctoral degree, including qualifying and comprehensive examinations, must be completed prior to the start of the Internship year. Applicants must have successfully proposed their dissertation by the Internship application deadline. **We prefer candidates whose doctoral dissertations will be complete by the time the Internship year begins, although this is not required.**

Note: A CERTIFICATION OF REGISTRATION STATUS, CERTIFICATION OF U.S. CITIZENSHIP, and DRUG SCREENING are required to become a VA Intern or VA postdoctoral fellow. Please do not apply if you cannot meet these criteria.

Please note that VA is a federal institution and that irrespective of state laws CBD or other cannabis-related findings on drug screening will be considered use of a controlled substance by the federal government and potentially grounds for dismissal from the internship. For more specifics, please read: https://www.va.gov/OAA/onboarding/VHA_HPTsDrug-FreeWorkplaceOAA_HRA.pdf

After receipt of the initial application package all communication will be accomplished via the e-mail address provided on the APPIC application unless otherwise specified. Applicants who have been selected during the uniform notification period (aka “Match”) will need to complete a Standard Form 171 for the appointment to be processed. Although this is an “application” for Federal employment, the Internship abides by the Match; in addition, Interns are “trainees” and receive stipends rather than hourly wages or salaries.

All new VA employees and trainees are subject to background checks and are required to pass a random drug screen possibly during their orientation period, and possibly at intervals thereafter. Due to a significant time delay between completion of criminal background checks and the start of the Internship year, Interns are likely to be instructed to begin the procedure for completing paperwork for the background check process around 3-4 months prior to the beginning of the training year. Drug screens are not expected but could occur prior to the start of the Internship year; once on board, Interns are included in the random selection for drug screening during their appointment, and are expected to satisfactorily complete the background check and random drug screen to maintain their appointment, even if Matched. Again, for more specifics on drug testing, particularly findings related to drugs that are not, please read:

https://www.va.gov/OAA/onboarding/VHA_HPTsDrug-FreeWorkplaceOAA_HRA.pdf

Federal employment/trainee positions (including VA Internship Match selection and subsequent appointment as an Intern trainee) is conditional upon successful completion of required fingerprinting and background check, in addition to random drug screen and the other requirements listed in this brochure. Fingerprinting is sent to the FBI as part of the background check. Fingerprinting is time sensitive and must be completed within 90 days prior to the issuance of the PIV card (Homeland Security ‘personal identification verification’ card that is required for VA computer access). The PIV card is scheduled to be issued during the first week of the Internship.

Application Procedures

Applications for MATCH-II are due on or before 10:59 PM Central Standard Time (11:59 PM Eastern Standard Time) on **MARCH 1st, 2023**. We rely on the APPIC portal for all application materials. Applicants are required to submit: 1) a completed AAPI; 2) three letters of recommendation; 4) a current Curriculum Vitae; and 5) a graduate transcript. Per APPIC guidelines: Applicants have been told NOT to submit any supplemental materials (assessment reports or treatment summaries) in the initial application submission for Phase II. Applicants may be asked for these supplemental materials after being reviewed and/or

selected for an interview. 2 WAIS-IV assessment reports; one must also include personality assessment (MMPI-2. MMPI-2-RF, PAI).

All applicants must submit the APPIC Application for Doctoral Internship in Clinical Psychology (AAPI) as per APPIC procedures, as well as graduate transcripts and letters of recommendation.

We strongly encourage applicants who do not meet the typical requirements or hours to address this in their cover letter.

Clinical work samples if provided must be submitted through the APPIC portal and must be de-identified of client or patient identifying information.

The Internship will consider information only through the APPIC portal; please do not send any application materials directly to the Internship. Application materials will be reviewed upon receipt through the portal.

ALL MATCH-II APPLICATION MATERIALS MUST BE RECEIVED BY 11:59 PM EASTERN STANDARD TIME (10:59 PM Central Standard Time) ON WEDNESDAY MARCH 1st, 2023.

If you have questions about the application process, please contact the Training Director: Dr. Mark Weilage at Mark.Weilage@va.gov or at 402-995-3189.

The initial review of the applicant pool will begin as applications are received and continue until interviews are arranged. There are a limited number of interview spots, so timely submission of applications is appreciated.

Application Checklist

All MATCH-II materials must be submitted on or before MARCH 1st, 2023 through the AAPI:

- ☐ AAPI online application (www.appic.org)

NWI site-specific cover letter submitted through the online AAPI:

- ☐ A brief (1 to 2 pages) coverletter with statement of interest that incorporates the answers to the following questions:
 - ☐ What are your interests and goals for internship and beyond?
 - ☐ Why did you apply to NWI internship?
- ☐ Graduate Transcripts
- ☐ CV
- ☐ 3 standard letters of recommendation
- ☐ Choice of one, two or all three of NWI Internship's APPIC Match Numbers for 2023-2024:
 - ☐ 221711 Grand Island
 - ☐ 221712 Lincoln
 - ☐ 221713 Norfolk
- ☐ Per APPIC guidelines: Applicants have been told NOT to submit any supplemental materials (assessment reports or treatment summaries) in the initial application submission for Phase II. Applicants may be asked for these supplemental materials after being reviewed and/or selected for an interview. 2 WAIS-IV assessment reports; one must also include personality assessment (MMPI-2. MMPI-2-RF, PAI)

Selection and Interviews

For the 2023-24 training class, there are three different Match numbers ("tracks") for the 4 slots across 3 training sites. Applicants may choose to apply to one, two, or all three of the training tracks within a single application.

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Applications are reviewed by the NWI training committee. There is a single interview (regardless of how many or few training tracks to which you apply). Interviews are typically conducted by representatives from each of the three training sites, after which applicants who have interviewed are free to rank (and are ranked by) each track separately. This is designed to allow applicants more control over the ranking of training tracks with which they might Match, while also allowing training sites to rank separately as well.

The three training tracks (as well as the Omaha VAMC as an Internship resource) are outlined below and described in greater detail in the following links:

[Shared Attributes of Training Across Training Sites:](#)

[Site-Specific Training Experiences](#)

[Grand Island VA](#)

[Lincoln VA](#)

[Norfolk CBOC](#)

[Omaha VA Medical Center – \(resource to all sites\)](#)

See also [Table of Content Links](#)

Outline of training tracks:

For the 2023-24 training class, the VA Nebraska-Western Iowa internship unites 4 Interns across 3 training sites through an “excellent generalist” focus:

221711 - NWI - Rotation Based - Grand Island VA - 2 positions

221712 - NWI - Rotation Based - Lincoln VA - 1 position *

221713 - NWI - NO Rotations - Rural Norfolk CBOC - 1 position

* Note: At this time, we anticipate only one training position in Lincoln for the 2023-24 training year.

However, the number of training site positions or their locations may change or shift depending on changes in supervision availability. Any such shifts will be announced in MatchNews prior to Match-I rankings are due.

1) Track 221711 – “NWI – Rotation Based – Grand Island VA” Track – Grand Island, NE

The VA NWI Doctoral Internship in Clinical Psychology “Grand Island - Rotation Based” Track (221711) has two (2) Intern slots for the 2022-23 Internship year, based at the Grand Island VA. The Grand Island VA includes a residential nursing home / respite / hospice program plus a residential substance abuse treatment setting, as well as being a very large outpatient facility (akin to a “Super-CBOC”).

This training setting will have two primary rotations, each approximately 6 months in length. Both interns will engage in experiential training in outpatient General Mental Health (GMH) and Posttraumatic Stress Disorder (PTSD), with additional exposure to Primary Care Mental Health Integration (PCMHI). All Interns participate in a year-long Assessment Clinic and and share didactics and group supervision with trainees across three training sites via TEAMS or similar technology.

2) Track 221712 – “NWI – Rotation Based – Lincoln VA” Track – Lincoln, NE

The VA NWI Doctoral Internship in Clinical Psychology “Lincoln - Rotation Based” Track (221712) has one (1) planned Intern slot for the 2023-24 Internship year based at the Lincoln VA. The Lincoln VA is a former hospital setting which was converted in the 1990’s into a very large community-based outpatient clinic (aka “Super-CBOC”).

The Lincoln VA training setting does not have separate rotations. Instead, the trainee meets the same competencies as in the other tracks. The Lincoln VA training setting has a year-long experience in General Mental Health under one BHIP supervisor with one day per week focusing on PTSD under a supervisor from the PTSD/PCT team. As with all other Interns, the Lincoln-

based Intern participates in a year-long Assessment Clinic and shares didactics and group supervision with trainees across three training sites via TEAMS or similar technology. The Lincoln-based Intern has additional exposure to other NWI supervisors at other training sites, either directly or in group supervision.

3) **Track 221713 – “NWI – NO Rotations – Rural Norfolk CBOC” Track:**

The VA NWI Doctoral Internship in Clinical Psychology “NWI – NO Rotations – Rural Norfolk CBOC” Track (221713) continues to have a single (1) Intern slot for the 2023-24 Internship year, based at the smaller, more typically sized, rural “Community Based Outpatient Clinic” (aka “CBOC”) in Norfolk, NE.

The “Rural Norfolk NE” training setting does not have separate rotations. The trainee meets the same competencies as in the other tracks through alternate means. The Norfolk training site is based in Primary Care and includes experiences typical of a more traditional Primary Care Mental Health Integration rotation as described for the other training tracks. As this is a rural CBOC, the Norfolk-based Intern may also expect to have many similar training experiences from the other rotations described for the Lincoln and Grand Island training sites (e.g., PTSD, etc.). These will become available at various times across the Internship year as patients’ needs dictate rather than within the confines of the formal rotations described for the other training sites.

The Norfolk-based Intern participates in a year-long Assessment Clinic and shares didactics and group supervision with trainees across three training sites via TEAMS or similar technology.

Although there is a single licensed supervising psychologist (Pam Hannappel, PhD) on site, the Norfolk-based Intern has additional exposure to other NWI supervisors at other training sites, either directly or in group supervision. The supervising psychologist and Intern at the Norfolk CBOC address all types of client presentations across general mental health, PTSD, and neurocognitive issues all from within a primary care setting; in other words, the Intern may expect to see “anyone who steps in the door,” which is typical of a generalist rural practice.

Interview Process

The NWI Doctoral Internship in Clinical Psychology has been a member of APPIC since July 2013. All VA Psychology Internship Programs agree to follow APPIC and the National Matching Service’s policies and procedures regarding internship selection and the Match Process. No person at VA Internship Programs will solicit, accept, or use any ranking-related information from any Intern applicant.

Applicants who remain under consideration after the initial review of their application will receive an invitation in early to mid-December to interview. We will be conducting MATCH-II virtual video **interviews on March 6 and/or 8, 2023**. A single interview date with a panel of supervisors representing the various training sites is used regardless of the number of training sites the applicant chooses to rank (applicants may apply for any or all of the three training tracks). Again, applicants get one interview date which alone suffices for any combination of training tracks for which the applicant notifies the internship of interest in being considered. Each training site is ranked separately by the NWI faculty.

As noted below, applicants with disabilities choosing to request reasonable accommodations to facilitate the interview process are invited to make requests in writing (preferably by email) after the invitation to interview is received but as early as possible thereafter in order to allow sufficient time to make necessary arrangements.

Questions about the program or the application process should be addressed to:

Mark Weilage, PhD, Psychology Internship Training Director

VA Nebraska-Western Iowa Healthcare System
 4101 Woolworth Ave (116A)
 Omaha, NE 68102
 Email: Mark.Weilage@va.gov
 Phone: 402-995-3189

Match II Applicants will be notified via email on or before March 2, 2023 whether they have been offered an interview. All interviews will be virtual. Applicants for all three tracks will be interviewed within the same process. A single interview date with a panel of supervisors representing the various training sites is used regardless of the number of training sites the applicant chooses to rank (applicants may apply for any or all of the three training tracks). Again, applicants get one interview date which alone suffices for any combination of training tracks for which the applicant notifies the internship of interest in being considered. Each training site is ranked separately by the NWI faculty. It is our belief that applicants ranking training tracks individually allow greater applicant control over which of the training tracks they match. From our perspective, the Internship is unified across all training sites so it is more important for applicants to have this greater control to indicate the site to which they prefer through their rankings.

Match II applicants will be notified via email regarding interview scheduling for Match II.

Interns are selected based on a variety of factors, which are primarily based upon the Selection Committee's assessment of the "best fit" between the Internship and specifics related to the training site as described below and the candidate's prior experience, skills, and training goals. Individuals whose application packet suggests they may be a good match to our sites will be invited to a virtual interview. The NWI Doctoral Internship in Clinical Psychology participates in the APPIC Match and adheres to all policies regarding Match procedures.

Goodness of Fit

"Goodness of Fit" and "Best Fit" concepts include several sometimes-overlapping factors, whether for determining interviews or for later Match rankings. Our mission at NWI is to provide an integrated educational approach in support of the development and maintenance of "excellent generalist" psychologists prepared to serve Veterans in general and also the unique needs of Veterans who live in rural and highly rural settings. As such, we evaluate application packets for quality of performance and areas of focus, and particularly good therapy skills. Although applicants with developed skills in both therapy and assessment are preferred, we find therapy skills are more difficult to train in the novice than assessment skills for the purpose of a generalist program. The quality of the applicant's essays are also carefully reviewed. In particular, NWI considers evidence of investment in working with Veterans and/or those who live in rural areas, or who have other work, personal, or professional experience with underserved populations. NWI seeks those applicants whose experience suggests that current scientific knowledge plays an important role in their clinical practice, and who are evaluated highly in their professional recommendation letters. NWI also considers the quality of training and settings (i.e., experience with empirically supported treatments, Veterans, integrated healthcare, and rural health) and compatibility with our program which is strongly cognitive-behavioral and third-wave focused.

The training year includes working with the clinically complex population of diverse Veterans we serve. Prior work with Veterans is preferred but not required. Prior experiential training in cognitive-behavioral therapy (CBT) interventions or manualized interventions utilizing evidence-based practices is recommended (see [Eligibility](#) above). The VA is strongly invested in evidence based psychotherapy (EBPs) many of which are manualized variations of CBT or third-wave therapies, and to a lesser extent other theoretical orientations (e.g., IPT for Depression). This professional development experience incorporates learning how to implement the more manualized evidence-based psychotherapies over the course of the training year (e.g., CBT-Depression, CBT-Insomnia, CBT-Chronic Pain, CPT for PTSD, etc.). The Internship provides multiple opportunities to deepen CBT and other EBP skills that are

consistent with the intermediate or advanced levels of practice expected for successful completion of the internship.

As noted above applicants are required to have at least 350 hours of supervised intervention experience. We prefer that applicants have prior exposure to at least one type of empirically supported/evidence-based therapy, and if possible, some group therapy experience. If prior experiential training in cognitive-behavioral therapy (CBT) interventions or manualized interventions utilizing evidence-based practices is limited, then that should be addressed in the cover letter. For further information please see the [CBT & PTSD Learning Resources](#) links at the end of this document.

See [Eligibility](#) above regarding assessment hours. We prefer applicants to have a minimum of 50 direct assessment hours of supervised graduate level pre-internship practicum experience. There should be a minimum of five integrated psychological assessment reports that have been completed. Applicants who do not meet the assessment hours can still apply but strengths and weaknesses of assessment experiences should be discussed/addressed in your cover letter and or application.

“Best fit” also includes indications of self-awareness and a budding identity as a professional psychologist, as demonstrated by awareness of ethical principles, the importance of considering diversity in clinical practice, and a history of effective use of supervision. The successful applicant should be willing to demonstrate increasing self-awareness over the course of the training year. The applicant’s professional references and their essays are reviewed for indications that this area of development is present prior to internship upon which they can then build. For self-awareness, and indeed all internship skills and competencies, the presence of these basic skills in applicants prior to internship allows for the development of professional levels of competence, in other words the intermediate to advanced levels of competencies required by accreditation for successful completion of the internship, as opposed to focusing on acquiring basic competencies.

On the day of interview, applicants may also be asked to orally analyze a case scenario and/or demonstrate concise oral case conceptualization skills including but not limited to diagnostics, and/or otherwise demonstrate basic oral or writing proficiencies to briefly analyze a case. Applicants may be asked to demonstrate they have a working knowledge of basic psychological assessment principles such as a **generalist level of understanding** of what assessment scores mean to psychologists.

Interviews are bi-directional, with the opportunity for staff to interview applicants about their experience and goals, and for applicants to meet staff and better understand the program and expectations for a rural internship.

Equal Opportunity / Diversity

VA is an Equal Opportunity Employer and strongly encourages applications from qualified cultural, ethnic, and racial minorities, women, people with disabilities, and military veterans. Our psychology department is highly committed to recruiting and maintaining diversity on our psychology staff and internship classes. We value the unique contributions offered by individuals with diverse cultural and personal characteristics and experiences. These differences improve the workplace climate, contribute to meaningful conversations, and enhance the quality of training and the services provided to our veterans.

The VA NWI Psychology Internship has an ongoing commitment to ensuring that inclusion and diversity are included in all aspects of our experiential and didactic training. We highly value the diverse skills and experiences each trainee brings to our training classes. Qualified applicants with a range of life experiences and diverse identities are encouraged to apply, with consideration given to VA experience as well as professional and/or personal experience working with historically underrepresented groups, such as rural and Veteran populations, ethnic minorities, individuals with sexual orientation, gender identity, and disability status.

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Applicants with disabilities choosing to request reasonable accommodations to facilitate the interview process are invited to make requests in writing (preferably by email) after the invitation to interview is received but as early as possible thereafter in order to allow sufficient time to make necessary arrangements. Accommodations are individualized, and in the past have ranged from providing specific instructions on locating accessible entrances and elevators when we were doing in-person interviews, to arranging secure virtual interviews from a VA nearer to the applicant. Since 2020, all interviews will be virtual using Microsoft TEAMS (or similar technology used by the VA) using the applicant's personal computer rather than travel to a local VA. Although on the surface this seems likely to make the whole process more accessible to all, this can perhaps causing some unanticipated barriers, making timely request (post offer to interview) for accommodations continue to be important.

Requests for reasonable accommodations should be directed to both the Training Director (Mark.Weilage@va.gov) and the NWI Equal Employment Officer. The NWI EEO office website is: <http://vaww.nebraska.va.gov/eoo.asp>. At this writing, the current NWI EEO Program Manager is Colleen.Vonderhaar@va.gov.

More information on VA's emphasis on diversity at the national level can be found at:

<https://www.diversity.va.gov/>
<https://www.eeoc.gov/laws-guidance>
<https://www.eeoc.gov/federal-sector/federal-employees-job-applicants>
<https://www.opm.gov/policy-data-oversight/disability-employment/reasonable-accommodations/>
<https://www.eeoc.gov/laws/guidance/enforcement-guidance-reasonable-accommodation-and-undue-hardship-under-ada>



The NWI Doctoral Psychology Internship Committee strives to have diversity and inclusion as an integral part of the intern experience. Interns have opportunities to utilize group supervision, didactics and case presentations to enhance their knowledge and skillset in this area. The Committee strives to identify community experiences for Interns, including but not limited to rural culture, to augment the more formal diversity training experiences. (See: [Didactics and other experiential education](#)) VA NWI has often achieved that status of being a "LGBTQ Healthcare Equality Leader," earning a 100 out of 100 rating. The HEI participants are given scores in four criteria: foundational elements of LGBTQ patient-centered care, LGBTQ Patient Services and Support, Employee Benefits and Policies and LGBTQ Patient and Community Engagement. For



example, in 2018 NWI received the maximum score in each section earn the coveted status of "2018 LGBTQ Healthcare Equality Leader." This illustrates NWI's commitment to LGBTQ equality and inclusion. Closer to home, two of the Internship faculty participated alongside primary care providers in an VA initiative LGBTQ "Scan Echo" project to improve the experience of LGBTQ Veterans in receiving medical primary care and mental health care. In addition, in 2019-20, one of the Interns volunteered staffing a booth at an NWI Health Fair regarding services available to LGBTQ Veterans.

Match Process

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The Internship adheres with all APPIC Match policies including the prohibition about communicating any ranking information. This Internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any Intern applicant. Other than communicating information about the Internship more generally, the only selection-related information communicated by internship staff prior to the Match deadline is whether candidates remain under consideration and the size of the applicant pool.

Applicants may rank any combination of the available training tracks, and may choose to rank NWI training sites not listed on their initial APPI. However, applicants must let the Internship know in writing those additional training sites for which they wish to be included in the Internship's rankings for each track.

Additional information regarding the Match will be available through the National Matching Services.

Any other questions may be directed to the Training Director. Please note that email communication is preferred to ensure a timely response.

Training Director: Mark Weilage, PhD

Mailing Address:

VA Nebraska-Western Iowa Healthcare System
4101 Woolworth Ave (116A)
Omaha, NE 68105

Email: Mark.Weilage@va.gov

Omaha Phone: 402-995-3189

Matched trainees typically receive a brief phone message and/or email shortly after notification of the Match to welcome them to the NWI Psychology Internship.

In the months leading up to the start date, incoming Interns can expect to receive materials from several sources that should be responded to as soon as possible to ensure they can be efficiently 'on-boarded' and start the internship on time. Each step in the process is the prerequisite for a variety of behind-the-scenes steps required to make Day One go smoothly, so your timely response is essential, including timely completion of on-line requirements and fingerprinting.

Although things can change from year to year, required forms include those identified in the national VA Psychology Training website as well as forms unique to NWI. Requests for information (including the forms on the website above) will likely come from three main sources: NWI Human Resources (HR), the NWI Education department, the NWI Mental Health Service Line. Please respond to each, even if there is some overlap, as each represents the first step in several processes required to get you credentialed with access to the computer system and beyond that access to the computerized patient record system (CPRS). Each may have a different time-line and limited access to prior submitted information. For example, even though some of your vita information has already come through the APPI, do not be surprised if the Mental Health Service Line requests a copy of your vita sent directly to them as this contains information they will need to get the CPRS and other computer access started.

Psychology Setting

Please note that the specific areas of interest and expertise of the current NWI psychologists are listed along with additional information about the available training sites are available at the following links: [Shared Attributes of Training Across Training Sites](#); and [NWI Facilities/Training Site Information](#):

NWI is comprised of multiple facilities. The NWI Doctoral Internship in Clinical Psychology training is located within three NWI facilities: three community-based outpatient Clinics (CBOCs) of various sizes

located in Grand Island, Lincoln, and Norfolk. For the 2023-24 training year there is no placement at the VA Medical Center in Omaha, but Omaha remains a resource for the internship.

Although NWI does offer in-patient and residential services to Veterans, most internship training activities are outpatient with some limited exceptions.

Grand Island and Lincoln house the largest of the NWI CBOCs (“super-CBOCs” due their large patient population and array of services) and are locally referred to as the “Grand Island VA” and “Lincoln VA” respectively, as they were previously free-standing full-service VA hospitals until a merger of three systems into what is now NWI in the mid-1990’s. The Lincoln VA became wholly outpatient, whereas the Grand Island VA retained two residential programs (substance abuse 28-day treatment and a 52-bed skilled nursing/hospice/respite Community Living Center or CLC). The Lincoln VA moved from its historic building into a new building in the spring of 2021, and remains a “super CBOC” serving a large outpatient population with both mental health and primary care, augmented with specialty care sometimes on site but more typically at the Omaha VAMC.

All NWI CBOCs provide primary care services; at the larger CBOCs, other services such as pharmacy, physical therapy, and radiology are also available. Veterans needing more intensive or specialized services are typically referred to NWI’s one major medical center in Omaha or to community partners. The Omaha VA Medical Center (VAMC) provides inpatient services, emergency room care, and surgery/major medical procedures, residential care services, as well as serving a large outpatient population. The Omaha VAMC, as well as Grand Island, provide telehealth services to the smaller CBOCs. All training sites also provide telehealth services to Veterans in their homes via Veteran Virtual Connect (VVC), the VA’s secure telehealth platform.

NWI serves over 10,000 unique Veterans needing mental health or behavioral health services in any given fiscal year, with increasing numbers each year. Approximately 50% of the Veterans seeking mental health services through NWI were seen through the Omaha VAMC, approximately 24% were seen in Lincoln, 20% in Grand Island, and the rest through smaller rural and suburban facilities. NWI serves Veterans from throughout Nebraska as well as parts of Western Iowa and Northern Kansas.

NWI has a wide array of services for rural and highly rural Veterans, which in turn provides a range of rich training experiences for psychology Interns interested in broad generalist training necessary for successful rural practice. The NWI Psychology Interns provide a significant portion of their services to rural Veterans – both face-to-face and, when appropriate, via telehealth. Western Iowa is primarily designated as Rural by the VA with no Highly Rural counties, whereas a significant portion of the Nebraska areas served by the four training sites are designated by the VA as both Rural and Highly Rural, with many counties served by Grand Island designated as “Frontier” by some non-VA criteria.

The majority of the NWI psychologists providing clinical care to Veterans are full-time and licensed in Nebraska, with a few licensed in Nebraska plus an additional state, and fewer still licensed in states other than Nebraska but not in Nebraska. Most NWI psychologists function within the Mental Health Service Line, with some functioning within the Extended Care and Rehabilitation Service Line, and most recently four health behavior psychologists within the new Whole Health Service Line. Five (5) psychologists are full-time at the Grand Island VA; three have been licensed for a significant number of years, and the fourth was licensed in 2021. The fifth position in Grand Island is currently filled by an as-yet-unlicensed “graduate psychologist practicing under supervision. Four (4) psychologists are at the Lincoln VA of whom two are primary supervisors for the Internship; one psychology position is open at the time of this writing due to the retirement of one of the psychologists. A single psychologist is stationed at the Norfolk CBOC and works 32 hours per week (M-Th).

The majority of NWI psychologists in Grand Island and Lincoln serve Veterans in outpatient settings (General Mental Health, PCT/PTSD Clinics, Primary Care Mental Health Integration). The exception is Grand Island, which also includes services to the residential nursing home (CLC) and residential substance abuse treatment programs. In Lincoln, the outpatient substance abuse treatment team

includes a psychologist who is also a Licensed Alcohol and Drug Counselor and participates in the Substance Abuse Outpatient Treatment program, as well as General Mental Health. However, typically Lincoln Interns do not get substance abuse treatment training unless negotiated on their individualized training plan. The local Military Sexual Trauma (MST) Coordinators in both Grand Island and Lincoln are highly experienced social workers and a great asset to the Internship. Both of these clinicians work collaboratively with the lead MST Coordinator for NWI, a psychologist based in Omaha. In Grand Island there is a psychologist whose time is split between being the psychologist on the skilled nursing home (Community Living Center or CLC) and serving rural Veterans via telehealth; she is also the assessment supervisor for Grand Island-based Interns. The mental health site supervisor for Grand Island is a psychologist and PTSD Specialist.

Exposure to some of the Omaha-based psychologists will come through their intermittent involvement in internship didactic training. Roles of the Omaha VAMC psychology staff include outpatient mental health, as well as being part of the following teams of providers: inpatient psychiatric unit, residential rehabilitation programs, home-based primary care, and residential substance abuse programs.

Although many of the following are not primary supervisors, Interns have the opportunity to observe several psychologists on staff in leadership roles across NWI sites. Currently, the Chief of the NWI Mental Health Service Line is an Omaha-based psychologist who took over from the past Chief, who was also a psychologist. Another Omaha-based psychologist serves as the PTSD Program Director as well as Evidence Based Treatment Coordinator for NWI. Several sites house Whole Health psychologists involved in pain management and biofeedback at the two main NWI facilities. In addition, there is a "Level 2-B" Pain Psychologist based in Omaha who travels across NWI sites to provide consultation to the Pain Management Teams at the individual sites and to train Primary Care teams more generally. Although currently a social worker, the Recovery Specialist role based in Omaha has been a psychologist in the past; regardless of which profession, the incumbent in this role consults to the inpatient and residential psychiatric services in Omaha and to other clinical staff across NWI involved in the care of Veterans with severe and persistent mental illnesses across the system. This position travels across NWI sites, coordinating psychosocial rehabilitation options for Veterans and the training of Peer Specialists in Lincoln, Omaha and Grand Island. The Polytrauma neuropsychologist has her primary office in Omaha but intermittently uses office space in Lincoln and Grand Island for clinical work, and recently stepped down as Internship Training Director. The new Training Director will be stationed in Omaha but likely will travel to different sites occasionally over the training year.

For additional information, see links related to

- [Grand Island-based Psychology Staff:](#)
- [Lincoln-based Psychology Staff:](#)
- [Norfolk-based Psychology Staff:](#)
- [Omaha VAMC Psychology Staff:](#)
- and, the [Preceptor Option:](#)

NWI psychologists employ a range of evidence-based therapies and continuing education is supported. The majority of NWI psychologists have participated in one or more evidence-based psychotherapy trainings provided by the VA. NWI psychologists who have not received training in at least one form of VA-sponsored evidence-based psychotherapy are those who are not eligible under VA rules – typically due to their administrative duties or those whose VA position requires other types of training. In addition, all psychologists located in Primary Care have participated in specialized integrated care training through the VA.

Please note that the NWI Doctoral Internship in Clinical Psychology does **not** have the internal resources to provide the formal of EBP training sufficient to be “certified” within the VA after licensure. However, when opportunities arise, efforts are made to ensure Intern access if possible. See [Training Opportunities](#) below for additional descriptions of opportunities that have arisen in the past. For the past several years (except the 2020-21 training year when it was not available), Interns have been trained by

the VA's regional CPT trainers who travel to Nebraska from the Minneapolis VA, which is followed by 6-months of weekly virtual consultation allowing them to be "certified" by the VA in CPT once they achieve licensure. This was offered in the 2021-22 training year; however hopeful that this will happen again in the 2023-24 training year, this type of training opportunity cannot be guaranteed from year to year. In addition, this type of intensive training is not available to Interns for other EBP training. More typically, EBP training occurs primarily through some combination of shadowing of supervisors, direct observation of Intern intervention skills, studying training manuals, supervision of cases using the EBP, didactics, and co-facilitation of groups. Training can include a range of EBPs, including CBT for Insomnia, ACT for Depression, ACT adapted for PTSD, CBT for Chronic Pain, DBT, Prolonged Exposure, CBT-D and CPT.

NWI has been on the forefront of providing comprehensive tele-health services to our rural Veterans, and prior to COVID was one of the top VAs in the nation in tele-health use. As across the nation, telehealth use has further expanded with COVID and since March of 2020 Interns do much more virtual therapy and assessment than previously, although face-to-face client interactions also occur. Through an encrypted telehealth system (VA Video Connect aka VVC), NWI clinicians may provide individual and group mental health services to Veterans located at the rural Community Based Outpatient Clinics (CBOCs), as well as to their homes. The typical goal is to have Interns begin utilizing Telehealth shortly after they have "Area Level Supervision" in face-to-face treatment in order to integrate this skillset into the training year in a meaningful way.

NWI psychologists and Interns are encouraged to attend live and webinar offerings provided their schedule allows. These include, for example, the national monthly PTSD treatment webinars, national Primary Care Integration webinars, multicultural/diversity-related webinars, etc.. Historically, NWI psychologists and/or Interns at times present at the monthly psychology meetings on topics of interest and/or discussing complex cases (currently linked by Microsoft TEAMS). Psychologists from across NWI are welcome to join the Interns in their didactic series offerings, either as students learning about a new (to them) topic area or as in-room discussants. Interns also present topics to peers in other settings, including during Assessment Clinic group supervision as well as during the Interprofessional didactic series.

Training Model and Program Philosophy

The NWI Doctoral Internship in Clinical Psychology Training Program strives to prepare Interns to be entry-level "excellent generalist" Professional Psychologists through a Scholar-Practitioner model. As mentioned above the program is a multi-site program, currently offering training at the Grand Island VA hospital, Lincoln VA Clinic, and the smaller Norfolk VA Clinic. Although some means may vary site to site, at all sites the program's training is structured within a developmental model of training, gradually increasing the sequence, intensity, duration, and frequency of experiences across the training year and designed to meet the required minimum level of achievement in the 9 Profession-Wide Competencies for APA accredited programs.

The NWI Doctoral Internship in Clinical Psychology Program strives to balance depth and breadth of experience, all focusing on learning core competency skills through providing psychological services to Veterans from a diverse range of settings but with a special emphasis on those living in rural areas. Interns are required to be on site in training for a minimum of 40 hours a week, but can at times average approximately 44 or so hours a week, depending on their individual skill sets coming into the Internship, and individualized training goals, always recognizing that the goal of the Internship is the breadth and depth of training rather than simply time spent. Thus, the 08:00 AM to 04:30 PM / 40-hour per week expectation is a minimum, with the emphasis placed on the desired training and the Intern meeting basic professional and interprofessional competency expectations, rather than on the number of hours worked. If Interns work the minimum 40 hours per week and take all leave and the 11 federal holidays, then the Internship provides 1784 supervised clinical training hours across the training year. If they desire, however, Interns can choose to earn 2000 clinical training hours for the training year, but this is not required. Interns are encouraged to review their schools' requirements as well as licensing requirements

in the states in which they are likely to apply for licensure to help them make these decisions, as this is outside the purview of the Internship. If Interns choose to gain these additional hours beyond the minimum 1784 hours required, they are discouraged from going much over 2000 hours. It is important to note that it is not unusual for well-prepared Interns to meet or exceed minimum levels of achievement (intermediate to advanced skills) without additional hours. As long as they achieve the minimum number of hours and the minimum levels of achievement on the Profession-Wide Competencies, per VA OAA policy all interns can say they have completed a 2080 hour internship – the amount of hours of their official appointment. That said, we do ask that they track hours on an internship-provided excel sheet in order to attain data required for re-accreditation. Interns whose graduate schools require other forms of tracking (e.g., Time2Track and similar means) do this on their own, outside of the internship-provided excel.

Note that Interns receive stipends and are not eligible for “comp time” engaging in training activities over 40 hours per week. The NWI Internship has chosen to define a limited and discretionary internal procedure for time spent traveling (meaning time in a car) outside the 8-4:30 schedule called “travel-related equivalent time off,” which may be granted by the Training Director and Chief of Psychology for Interns in specific and limited circumstances, similar to, yet distinct from other forms of Authorized Absence (“AA”). See [NWI Intern Authorized Absence](#) for details.

The primary training method for the Internship is experiential (i.e., service delivery in direct contact with service recipients) across a wide range of practice areas. Interns will have a range of supervisors capable of providing training experiences in various evidence-based and evidence-supported therapies. In addition to the VA defined “Evidence Based Psychotherapies” or EBPs described above (e.g., CPT for PTSD, CBT-Depression, ACT-Depression, IPT-Depression, CBT-Insomnia, CBT-Chronic Pain, IBCT, MI/ME, PE and CBSST), psychologists also may provide other evidence-supported interventions including: CBT for Tinnitus; Dialectical Behavior Therapy (DBT); Seeking Safety (for PTSD and Substance Abuse); Coping Skills for PTSD groups; Imagery Rehearsal Therapy for Nightmares; Mindfulness Based Stress Reduction (MBSR) interventions, etc. Not all of these are available at each training site and may be variable regarding implementation. See [Site-Specific Training Experiences](#) for more details.

Interns are provided supervision and mentorship with movement toward relative independence and flexibility in practice skills as the year progresses, according to the graduated levels of responsibilities policies governing VA supervision of psychology trainees. As such, Interns often shadow their supervisors early in the rotation, and depending on their level of prior training may practice with the supervisor in the room (“Room Level Supervision”) before competency determinations allow the Intern to practice without the supervisor in the room, under either “Area Level” or “Available Level” of supervision.

In addition to shadowing supervisors (leading to “Room Level” then “Area Level” of responsibility), co-facilitation of group therapies (when available) can also provide opportunities for intensive supervision and skill acquisition. In-person group therapy opportunities have declined with Covid but in some cases continue in a virtual environment including phone and web-based. The experiential training component includes not only formal application of assessment and therapy skills, yet also socialization into the profession of psychology. The experiential training is augmented by other appropriately integrated consultative guidance. As noted above, the Internship typically relies on these types of internal training and will take advantage of any more formal training opportunities as they arise.

Program Aims

The overall aim of the NWI Doctoral Internship in Clinical Psychology Training Program is to develop competent, well-rounded psychologists prepared for independent practice as “excellent generalists” in rural America, preferably within the VA, consistent with the APA COA’s profession-wide competencies at the intermediate to advanced levels. Whether or not they choose to practice in rural or urban clinical environments, or go on to specialized postdoctoral training, Interns completing the program will be

prepared for entry-level practice in diverse clinical environments as effective members of interprofessional collaborative teams, utilizing theoretically informed, with evidence-supported (preferably evidence-based) practices as well as the ability to think critically when addressing areas of limited research.

See also: <http://www.apa.org/ed/accreditation/>

Section C: IRs related to Standards of Accreditation: C-8 I. Profession-Wide Competencies
(Commission on Accreditation, October 2015; revised July 2017)

Training is the primary mission, with delivery of patient care as an essential vehicle through which training occurs. NWI recognizes that each Intern enters the training year with their unique set of prior experiences, strengths and individual training needs. Each of the training experiences (General Mental Health and PTSD (and at some sites Primary Care Mental Health Integration), plus the year-long Assessment Clinic) provide Interns with written overall expectations and within each set of pre-defined expectations; however, there is room for the Intern to plan their Internship experiences with the primary rotation supervisor in a manner that maximizes the Intern's individual training goals and improves upon identified weaknesses. Although the Norfolk- and Lincoln-based Interns may not have the same type of rotation structure that is used in Grand Island, they too have a set of written expectations that in many ways are consistent with the expectations used at each of the other sites. At all three sites these are used as a foundation upon which the Intern's individualized training goals are developed, understanding that the manner in which these goals are obtained may differ due to the unique issues of each training environment.

Although there are three training tracks for the 2023-24 training year, this is a unified Doctoral Internship in Clinical Psychology. Each of the training tracks teach to the same competencies across the entire year. See [Shared Attributes of Across Training Sites](#), [Site-Specific Training Experiences](#), and [Program Goals & Core Competencies](#) sections for additional details.

Shared Attributes Across Training Sites:

In addition to these brief descriptions of training requirements and opportunities shared across the four training sites, please see descriptions below of [Site-Specific Training Experiences](#) for individual differences in the training available at the [Grand Island VA](#) ; [Lincoln VA](#) ; [Norfolk CBOC](#) ; and [Omaha VA Medical Center](#) training sites.

See the [Table of Content Links](#) at the end of the brochure for additional links. For the convenience of the reader, the following links are provided:

[Examples of Individualized Time Allocations](#)
[Elective Hours and Sample Schedule Alternatives:](#)
[Training Opportunities](#)
[Assessment Training](#)
[Telemental health training](#)
[Didactics and other experiential education](#)
[Supervision](#)
[Important Caveats Regarding Future Licensure:](#)
[Travel between training sites](#)
[Program Goals & Core Competencies.](#)
[Schedules](#)
[Requirements for Completion of the Internship](#)
[Other necessary paperwork to assist with ongoing Accreditation](#)
[Stipend and Benefits](#)
[Facility and Training Resources](#)

Examples of Individualized Time Allocations

Traditionally, the NWI Internship training year is divided into four parts for all Interns: a 2-week orientation followed by three rotational periods of approximately 16 weeks each (whether or not the training track actually has formal rotations). The advantage of three rotational periods each culminating in a formal evaluation is that Interns and supervisors have multiple chances to evaluate what is working and what needs more work to help the Intern achieve the intermediate to advanced competencies required for successful completion of the internship.

The table below depicts alternative schedules available to Interns. Norfolk- and Lincoln-based Interns do not separate their hours into “primary rotation” and “electives,” yet similar principles apply. It is expected that approximately 28 hours per week Interns are engaged in “clinically related” activities (e.g., in a rotational structure this might mean a combination of 16-24 hours for Primary Rotation (intervention) activities and 4-12 hours for elective activities if any). Note that this is not 28 hours of client contact per week, yet rather includes both client contact hours, as well as other clinically related activities, such as documentation of therapy sessions, intake report writing, rotation-related program development activities, etc. Primary Rotation hours and elective hours are flexible; additional hours devoted to the Primary Rotation experiences are typically offset by fewer number of elective hours, and vice versa. Typically ‘electives’ are not approved until after the first formal evaluation is complete as it is not eligible unless meeting program expectations.

Another eight plus hours per week are devoted to the year-long Assessment Clinic for all Interns across each of the training sites, which typically includes both test administration and report writing. Time for testing and time for writing is blocked out for the Intern in their initial schedules – typically on the same day, with testing for a couple of hours in the morning and writing thereafter. Interns are encouraged not to disrupt having concentrated time for report writing in favor of other worthy training activities, as this is a path to problematic time-frames on reports.

As indicated above, before being given permission to branch out into ‘elective’ training activities, particularly those with significant time demands, an Intern is expected to be on track with all other expectations such as timely report writing, area level supervision for primary rotation and assessment clinic duties, etc. As a result, Interns may expect fewer ‘elective’ hours early in the Internship, as they learn new skills and prepare to obtain area level supervision in those skills. After the first two-week orientation period, didactics average two to three hours per week. Over four hours of supervision are scheduled, along with potential backup supervision times, to ensure Interns meet the minimum of four hours of scheduled supervision per week, including a minimum of two hours of scheduled individual supervision.

An individual Intern’s schedule is developed by the Intern in conjunction with his/her Primary Rotation supervisor within the constraints of the overall schedule devoted to the Assessment Clinic. Possible Intern schedules might include a different combination of hours depending on rotation and Intern interests, strengths and areas of weakness, while having all 28 hours divided between primary rotation and electives plus the eight hours of Assessment Clinic. The following is based on the three rotation model, but illustrates the flexibility that may be available.

| | | Example 1 | Example 2 | Example 3 | Example 4 |
|--|-------|-----------|-----------|-----------|-----------|
| | Total | 44 | 44 | 44 | 40 |
| | Hours | | | | |
| Primary Rotation | 16-24 | 18 | 24 | 16 | 24 |
| ‘Electives’ (or more time in primary rotation or assessment) | 4-12 | 10 | 4 | 12 | 0 |

| | | | | | |
|-------------------|-----|---|---|---|---|
| Assessment Clinic | 8 | 8 | 8 | 8 | 8 |
| Didactics | 3 | 3 | 3 | 3 | 3 |
| Supervision | 4-5 | 5 | 5 | 5 | 5 |

Note that the above hours are only illustrative. How an individual Intern's hours are used is a combination of rotation expectations, individual training goals, and supervisor availability (particularly for 'electives'). More information regarding each site will be offered in subsequent sections of this document further highlighting how the training sites provide roughly equivalent training, as well as the differences across training sites.

Please note that the internship occasionally requires intermittent travel between VA training sites in order to allow all NWI Interns to be physically together for some training experiences. Travel is consistent with rural psychology practice. See [Travel between training sites](#) as well as for details.

'Elective' Hours (or possible "sub-rotations"):

Provided an Intern is meeting expectations for satisfactory progress in their primary rotation and Assessment Clinic, the Intern may collaboratively work with their supervisor to include 'Elective Hours' (or possible "sub-rotations") to further enrich their training. Some options are not available at all sites, but travel between sites can be helpful in this regard.

Note: "Elective hours" can be used for one-off experiences (e.g., Norfolk-based Intern getting approval to use one-day travel to and from Omaha to shadow biofeedback session in action under Dr. Heaney). This can be more of a "sub-rotation" when involving ongoing experiences (e.g., former Omaha-based Intern spent one day a week with Dr. Heaney to experience the range of biofeedback treatment options in greater detail. Another assisted with a six-week Mindfulness Based Stress Reduction group with Dr. Heaney).

As mentioned previously, early in the Internship 'elective' hours are not typically available until after the first formal evaluation is completed. Instead, the Intern's time is preemptively used for training – for example to demonstrate minimum telemental health competencies as well as other basic skills, a requirement for Interns at all sites. All 'elective' experiences are subject to prior approval by the primary supervisor for that rotational period. This can be informal discussions in individual supervision for extra experiences here and there. However, to ensure that any significant use of 'elective' hours is being used appropriately within the broader training context, the Intern and his/her primary rotation supervisor(s) are encouraged to develop a written training plan for the 'elective' hours, in collaboration with the Assessment Clinic supervisor and any 'elective' supervisor, and that such plan will be submitted to the Acting Training Director. Interns who are not meeting the basic expectations of their Primary Rotations may not engage in 'elective' activities until they are meeting these basic expectations, understanding that the basic expectations will increase across the span of each rotation and across the span of the training year, consistent with the developmental model.

One choice could be to complete additional hours related to a prior rotation or to complete additional hours in the Assessment Clinic. With supervisor permission, another choice could be continuing with a therapy case or two over an extended period across rotations from an earlier rotation. Alternatively, an Intern could choose to focus additional time in particular aspect of their current rotation, for example: doing additional hours within the General Mental Health (GMH) rotation developing a group not currently offered in addition to the basic GMH rotation requirements. At times, Interns have chosen to use 'elective' hours to prepare for an upcoming rotation with which they have little foundational experience.

Sometimes these additional hours must be used to meet the demands of transitioning from practicum to Internship, depending on the Intern's prior experiences coming into Internship. For example, early in the internship, 'elective' hours are used to meet the Telehealth training demands and/or learning their way

around the VA Computerized Patient Record System (CPRS). In addition, Interns with limited assessment skills coming in or those participating in more complex neuropsychological or other assessments may need to use 'elective' hours to augment the eight hours provided within the Assessment Clinic schedule. Later in the internship, 'elective' hours might be used to study evidence-based treatment manuals in preparation for potential future clients, or to pursue more extensive program development projects or to learn more extensive neuropsychological assessment skills or other specialty skills not typically included in any of the three Primary Rotations (if available). Finally, 'elective' hours may be spent traveling to different training sites to further develop skills through opportunities that may not be available at their "home" site.

Other than use of hours within the current rotation under the primary rotation supervisor, any significant use of 'elective' hours requires approval of the Training Director and the Chief of Psychology, with input from the Intern's Primary Rotation supervisor and Assessment Clinic supervisor. As indicated elsewhere, Interns are encouraged to submit a **brief** written plan for how and when they plan to use their 'elective' hours within primary rotation, Assessment Clinic, and other relevant areas

Why limit 'elective' hours? The goal of the Internship is for all Interns to successfully complete the Internship training program fully prepared to be "excellent generalists" or "excellent post-docs" - therefore, ensuring that each Intern is making expected progress in the program is essential. There may be situations where the Intern is having difficulty meeting the regular demands of the Assessment Clinic, or meeting the regular demands of their primary clinical rotations (e.g., timeliness of Assessment Clinic reports or Rotation notes or Intake reports in the chart, slower than expected acquisition of basic testing or therapy skills, significantly greater than expected numbers of no-shows or drop-outs from evidence-based therapy, etc.); the supervisor and Training Director may opt to discuss with the Intern a training plan change to use of 'elective' hours to address these issues – perhaps in some cases as a less formal option prior to development of a more formal deficiency remediation plan. In this case, the Training Director and Chief of Psychology will subsequently review the Intern's progress with the primary supervisor to determine when the Intern may begin to use their 'elective' hours in an alternative manner, or if a formal remediation plan is required. The process for implementing a remediation plan is discussed in general with Interns as a group during the orientation period and/or early in the first rotational period, and more specifically as needed in individual situations thereafter.

Training Opportunities

Descriptions of [Site-Specific Training Experiences](#) are available at the [Grand Island VA](#) ; [Lincoln VA](#) ; and [Norfolk CBOC](#) and [Omaha VA Medical Center](#) training sites.

NWI faculty train Interns in their respective rotations to use evidence-based therapies through shadowing of supervisors, direct observation of Intern intervention skills, supervision, and co-facilitation of groups. The Internship typically relies upon these internal resources for training.

Please note that, like many VA programs, the NWI Doctoral Internship in Clinical Psychology does **not** currently have the **internal** resources to provide formal training for each EBP sufficient to be eligible to become "certified" within the VA. In other words, Interns are not guaranteed to be able to attend formal EBP training with the six-month consultation required to be deemed a VA-certified provider (upon licensure). Instead, training is primarily done via shadowing their supervisors, discussion, and role-play within supervision sessions, as well as study of EBP manuals and didactic presentations.

That said, the NWI Internship also makes effective use of opportunities for **external** training as they arise. Past intern classes have participated in the following training opportunities. It should be noted that the availability of external training resources vary year to year due to factors outside our control, and that those listed may or may not be available in the upcoming internship year:

- CPT training from the regional CPT trainers from the Minneapolis VA

CBT-D training

Comprehensive training in DBT patterned after the “Journeys” DBT program at the Minneapolis VA

- ACT training (without the six-month consultation call) from Minneapolis VA regional trainers,
- Virtual Reality for PTSD training,
- Training on Moral Injury by Dr. Krista Krebs
- Supervision Skills developmental training

In addition to didactics (see discussion in the Didactics section, below), Interns attend (at VA expense) the day-long Nebraska Psychological Association (NPA) Fall and/or Spring Conference trainings alongside the NWI psychology faculty. For details of past and future NPA events, see:

<http://nebpsych.org/Calendar>.

Interns are also encouraged to attend live and webinar offerings which are open to the Interns choosing but only with prior approval of their primary supervisor. These range from one hour offerings in the VA TMS virtual training system, to multi-hour telecourses. These can also be part of required curriculum at times (for example, in the past a multi-part training on the CAPS, as well as an 8-hour TMS course on CBT-Depression skills and another on Shared Decision Making skills have been required, using time allotted through the Breadth Didactic series).

Web-based or other virtual offerings include, for example, the national monthly PTSD treatment webinars, national Primary Care Integration webinars, national monthly post-doc level HIV/Hep C didactics, etc.

The Whole Health Flagship Grant is now up and running. Whole Health has taken over the Pain Clinics at Grand Island, Lincoln and Omaha, and depending on the training site (and in some cases optional travel) may be available to Interns interested in learning more about Whole Health including shadowing biofeedback and other interventions. Some of these may require ‘application’ by the interested Intern to demonstrate interest and willingness to be an active learner as these consume significant investment of time and resources by the participating Whole Health clinicians. Other Whole Health providers include acupuncturists, chiropractors, yoga, and tai chi instructors, etc.

The Internship encourages Interns to learn telehealth skills once “Area Level” supervision for a particular skill. Previously, Interns could earn “Area Level” status for telehealth only to another VA location in which clinical staff are present. Telehealth training includes training on the technology as well as training on how to structure sessions and risk management safety plans, etc.

Assessment Training

As noted above, descriptions of [Site-Specific Training Experiences](#) are available at the the [Grand Island VA](#) ; [Lincoln VA](#) ; [Norfolk CBOC](#) training sites, including:

- [Grand Island Assessment Clinic](#)
- [Lincoln Assessment Clinic](#)
- [Norfolk Assessment Clinic](#)

Interns at all training sites are required to complete the year-long training experience (Assessment Clinic). How this plays out varies from site to site, depending on local conditions and opportunities, with all sites training to the same basic competencies for all Interns. Testing typically involves neurocognitive screenings, and depending on the skill level / interest of the Intern and supervision availability, may at times also include more complex neuropsychological assessment. The number of assessments and the types of measures used with Veterans may vary across training sites with the goal of the equivalent of 3-4 basic neurocognitive screenings per month. Basic assessment competencies required are consistent

across sites but the types and number of opportunities to develop these competencies may vary (please refer to the sections related to each training site in addition to descriptions below).

Please note, this is NOT a neuropsychology assessment internship; that said, basic assessment skills are seen as fundamental. Interns across all sites gain experience with a variety of psychological testing approaches, learn to clarify referral questions, administer and score tests, integrate test results with other data, write clear and concise reports, and provide feedback to Veterans and referring providers. The majority of psychological testing referrals are for neurocognitive screenings and dementia evaluations. However, referrals may also include a range of other types of assessments and tools, including psychodiagnostic assessments, suicide risk assessments, homicide and other threat assessments (e.g., for the Disruptive Behavior Committee), behavioral assessments and functional behavioral analysis, pre-surgical assessments, or other types of assessment on an as-needed basis. Assessments are assigned by the supervisor based on the Veteran's service needs and availability, the Intern's availability, as well as the Intern's individual skills and training needs.

As in the past and where possible, the Polytrauma Support Clinic neuropsychologist works in conjunction with other Assessment Clinic supervisors to ensure the Interns have acquired basic neurocognitive screening competencies during the initial two-week orientation period. Supervision/consultation in the weekly Assessment Clinic group supervision has in the past been provided by the same neuropsychologist plus two other assessment supervisors, who are also available for additional consultation on an as-needed basis. To date several Interns from across the training sites (Grand Island, Lincoln and Norfolk) with sufficient neuropsych backgrounds coming into internship have built upon this and successfully pursued and attained neuropsychology postdocs – usually despite having much less frequent (or even no formal) contact with the Polytrauma Support Clinic patients and battery. One Lincoln-based former Intern with almost no neuropsych background Matched to a 2-year accredited NP postdoc but only after extreme efforts to learn to administer and interpret the Polytrauma battery; in this case the Intern was already being a superb therapist, skills she then adapted in the assessment setting to good effect, and effectively demonstrated fulfillment of the Houston Guidelines' requirements of balanced intervention and assessment competencies. This type of opportunity may or may not be available to the 2023-24 training class if the Polytrauma neuropsychology position remains open after the incumbent's potential retirement.

All Interns across all training sites are required to learn and demonstrate competencies in the administration and interpretation of a number of required and optional cognitive assessment instruments over the course of the training year. To ensure basic assessment competencies are met, Interns are observed under "Room Level" supervision until the primary supervisor determines the Intern is sufficiently skilled to administer measures without direct supervision (aka "Area Level" supervision) per the VA graduated level of responsibility and supervision guidelines. Peer supervision by more advanced trainees typically helps those with less experience and provides valuable teaching experience for the more advanced students as well, recognizing that each of the incoming Interns has their own strengths and weaknesses and the favor is likely to be returned as the training year progresses – for example peer supervision to help assessment-savvy Interns beef up their intervention skills. See also: [Supervision](#)

The basic neurocognitive screening battery on which all Interns must initially demonstrate competence to attain "Area Level" supervision status includes the RBANS, Trail Making, Clock Drawing, Phonemic and Semantic Verbal Fluency (aka COWAT; aka "FAS" & "Animals") and TOMM, in addition to other screeners, such as the MOCA or SLUMS. Interns work with their direct Assessment Clinic supervisor to determine any variations from the basic neurocognitive battery that are appropriate for any particular referral. After demonstrating psychometric competencies for administration of neuropsychological measures under "Room-Level" supervision, Interns administer and score neuropsychological batteries, write reports, and provide test feedback under "Area-Level" supervision, with greater supervisor involvement in all aspects of assessment earlier in the training year, moving to less direct involvement as the year progresses.

Traditionally, at some point in the training year, each Intern across training sites has been required to demonstrate basic working knowledge competencies in the administration and interpretation of additional required measures that are typically used in the Polytrauma battery, e.g. WAIS-IV, CVLT-II, BVMT-R, WCST, and RCFT. However, Interns are ****NOT**** required to administer the Polytrauma battery or aspects of the battery. Although this may change as the Internship reshapes itself, it is likely that Interns will be required to demonstrate basic working knowledge competencies with at least some of these measures over the course of the year, typically through demonstration and discussion in group supervision; Interns will not necessarily have opportunities to administer these instrument for an actual evaluation of a Veteran, which is highly dependent upon opportunity, as well as Assessment Clinic supervisor approval and making expected progress in all other aspects of the internship.

Across the training year, Interns are also required to administer and interpret an MMPI at least once (e.g., either the MMPI-2 or MMPI 2-RF) and the PAI at least once during the training year, irrespective of training site and track. If this has not occurred by the end of R2 it is strongly recommended that Interns make this an explicit training goal for early in R3.

Although one or more of the supervisors are proficient with the Rorschach, this and other projectives are not typically used at our VA and therefore use of the Rorschach is unlikely to be included within the NWI Interns' training experiences.

Optional neuropsychological assessment instruments that Interns with supervisor permission may also choose to administer over the course of the training year (depending on supervision availability and permission) range from items included in the Polytrauma Battery described above to dementia-specific instruments (e.g., DRS-II, Cognistat) to additional neuropsychological and psychological assessment instruments (e.g., NAB, WMS-IV, Booklet Categories, MBMD, VSxVT, VIP, DKEFS, etc.) whether by Intern choice or supervisor determination.

Note that assessment also occurs in the clinical intervention rotations (or analogous training experiences). These include various pain inventories, PTSD inventories, anxiety and depression inventories, CAPS, other structured interviews, etc.

Telemental Health Training

Early in the training year Interns across sites are required demonstrate a minimum level of competence in telehealth technologies and considerations related to effective telemental health interventions. Training in the effective use of telehealth offers Interns the chance to gain and master the technical knowledge of telehealth, which is becoming more and more widely utilized across the country to provide mental health services, in particular to rural/underserved regions.

The goal is for Interns to complete the training by the middle of R1 of the internship due to the prevalent use of telehealth in this age of COVID. This will allow Interns to offer individual (and in some cases group) telemental health services. The telehealth program at NWI has certain requirements that must be met. In addition, the Internship provides additional 'how-to' discussions and demonstrations in addition to the minimum NWI requirements. With supervisor approval, Interns may begin offering individual telehealth services to those who are appropriate for telehealth, provided the Intern is on "Area Level" supervision for the type of intervention being offered. The use of telehealth interventions depends on a number of factors, e.g., Veteran's availability, Veteran's needs and permission, etc. These factors are discussed in depth with primary rotations supervisors.

Interns are required to use 'elective' hours as dedicated time early in the Internship year to complete the necessary didactic and experiential training requirements outlined in VISN 23 and NWI policies on the use of telehealth equipment. Opportunities to provide telehealth interventions are based on a developmental approach, with Interns first demonstrating skills in face to face encounters prior to utilizing

telehealth interventions. Initial telehealth sessions will be observed as part of the Intern competency process.

Interns and their supervisors are encouraged to collaborate to develop an individualized training plan for each rotation. Depending on the Intern's prior experience, such plans begin with "shadowing" a caseload, first watching NWI mental health clinicians providing telehealth interventions or the supervisor observing the Intern under "Room Level" supervision, increasing to "Area Level" supervision. An Intern must attain "Area Level" supervision status before the Intern may begin to provide telehealth services to other NWI facilities, including to the NWI rural CBOCs who are without an on-site mental health presence, and post-COVID to the Veteran's home.

Note that "Room Level" with the supervisor shadowing the Intern can be as part of the journey towards "Area Level", at least as long as the national pandemic emergency exists.

Didactics and Other Experiential Education

Attendance is required at all scheduled weekly didactics and other planned supervision skills training hours. Formal didactics and other experiential education are designed to give Interns the content and skill practice required for successful transition into entry level professional psychology. Skill practice includes clinical skills, and professional presentation skills, as well as skills in the selection and use of scientific information relevant to their current practice.

Didactics and other training opportunities are intended to be sequential, cumulative, and graded in complexity consistent with professional development and practice skills expected in doctoral psychology training programs. Two to three hours of planned didactics are provided each week, with an additional hour of Supervision Skills training which have a significant focus on hands-on role play of both basic and difficult supervisory conversations. Attendance is required at all scheduled didactics and supervision skills training sessions, and depending on the location of the presenter may be either in-person or virtual connection with the rest of the group. Additional seminar / webinar / conference trainings are offered intermittently, some of which are required. Some assessment-related didactics and group discussion also occur during some of the time devoted to the weekly group Assessment Clinic supervision, at first by the faculty training new measures or other assessment content areas, and later replaced by the Interns themselves. The focus of all training is on developing the core competencies necessary for entry-level psychologists in rural and/or interprofessional practice consistent with the Standards of Accreditation.

There are three formal weekly didactics series, two of which are traditionally held on Wednesday afternoons, but times and days will possibly change in each training year. These currently include:

1. a two-hour "**Breadth**" didactic series covering a wide range of topics for 90 to 120 minutes typically from 13:00 to 15:00
2. a one-hour "**Depth**" didactic series from 15:15 to 16:15
3. a one-hour supervision skills training (on Tuesday Afternoons)

The "**Breadth**" didactic series consists of weekly didactic seminars primarily provided by NWI psychologists covering a broad range of topics weekly over 90-120 minutes. Topics in the past have included: rural mental health, military culture, various diversity/multicultural-related topics, ethics, supervision, risk assessment, psychodiagnostic and neurocognitive assessment, consultation, professional identity and development, and various evidence-based treatments (e.g., CPT for PTSD; PE for PTSD; CBT-Insomnia; CBT-Chronic Pain; ACT; etc.) as well as evidence supported therapies (e.g., Mindfulness; Imagery Rehearsal Therapy for Nightmares; Yoga for PTSD, Chronic Pain & other mental health conditions; etc.). Other topics have ranged from Polyvagal Theory to legal issues such as the Daubert standard and civil commitment, to preparing for Postdoc Interviews, etc.

The weekly “**Depth**” didactic series continues to offer greater exposure in certain key areas and include even more experiential components. “Depth” topics rotate between four content areas throughout the training year:

- Motivational Interviewing micro-skills
- Diversity-related topics
- Ethics
- Interprofessional Education

Interprofessional Education (IPE) trainings have been held on the first Wednesday of each month at which time the NWI Interns at their respective sites are joined by trainees from other health professions. Typically, these include Pharmacy Residents and Social Work Interns stationed at the Grand Island site, and at times may also include Dentistry Residents stationed in Grand Island, Pharmacy Residents stationed in Lincoln, and other NWI trainees.

In addition to seminar participation, Interns and trainees of other professions give presentations, either to each other or collaboratively. Towards the end of the training year (July and August), experienced Interns present or co-present about PTSD and Depression to the new Pharmacy residents (who start their training year July 1). In the Winter or Spring, Pharmacy residents and the Interns of the following cohort co-present to the group on subjects of shared interest, such as pain management and substance abuse. Finally, the Pharmacy residents present to the group about their pharmacy research projects, which often serves as a dress rehearsal for their final presentations to the pharmacy faculty.

Interns provide in-service trainings and other presentations to their peers, NWI psychologists and/or the interdisciplinary teams associated with their rotations. These may include the two brief clinical case presentations that are required of Interns in each rotation interval. The Intern and their supervisor may choose among a variety of locations in which to present, including the Psychology monthly meeting (V-tel across all sites), treatment team meetings at their home station, the NWI-wide Disruptive Behavior Committee, or even the 8:00 AM group supervision time (currently on Monday mornings).

Interns also give assessment-related case presentations within the Assessment Clinic group supervision. In addition, Interns are required to present mini-didactics on assessment related topics of interest including presentations on assessment instruments (e.g., MMPI-RF, symptom validity measures, etc.) presentations on conditions or syndromes of relevance (e.g., various types of dementias, overlap of cognitive symptoms in TBI and PTSD and other psychiatric disorders, etc.), as well as other mini-didactics. These Intern presentations are often on core areas early in the training year, and more nuanced or esoteric topics later in the training year.

In preparing for case presentations, topic presentations, or interprofessional presentations, Interns have access to the VA library and interlibrary loan, as well as an extensive electronic library. In addition, Interns have access to an array of pre-developed materials available through the VA’s Psychology Training Council as well as by prior Interns and NWI faculty. The use of pre-developed materials is neither prohibited nor mandatory, but rather are a resource that Interns are free to adapt when developing their presentations. It is expected that Interns using pre-developed materials still spend sufficient time preparing in order to demonstrate their professional skill development, put their own stamp on the materials and be able to answer relevant questions. It is also expected that Interns will practice their presentations and time them to the allotted time to avoid being too short or too long, and work on presentation skills – in other words, to make the presentation flow rather than being read from the screen. Interns also have mentoring available through the Internship faculty if needed. Interns have significant advanced warning on the dates of their various presentations; therefore, it is expected that if using previously developed materials, updated research findings will be included. When creating topic presentations Interns may be asked to partner with each other as co-presenters.

Interns may meet in person for didactics, rotating across the NWI training sites throughout the Internship year (weather and Covid permitting). VA station cars are made available to the Interns. In addition to

didactics in the afternoons on these travel days, the group as a whole typically met for community-based experiences in the morning – usually activities that relate either to cultural diversity more generally or to diversity of psychological treatment environments. At times, however, the morning may be set aside for planned discussion related to rural psychology practice to be led by a supervisor and/or one or more Interns in rotation, with the discussion facilitated as needed through questions and comments by the presence of a supervisor.

The initial two week orientation period prior to the start of the first rotation will have Interns from all training sites engaged in a number of trainings and didactics, as well as basic on-boarding processes. Time is spent in administrative orientation to the VA - such as setting up access to computers, completing paperwork and obtaining their Personal Identity Verification (PIV) cards, learning about the Computerized Patient Record System (“CPRS”), enrolling in health insurance, etc.. Interns also spend a significant amount of time in basic didactic training. Topics may change slightly but typically include:

- Welcome to Planet VA: Intro to the VA Culture and Expectations
- Introduction to Professional Ethics within the VA
- Suicide Risk Assessment and Management
- Homicide/Violence Risk Assessment and Management
- Introduction to Motivational Interviewing
- Foundations of Multicultural Diversity Self-Awareness
- Introduction to Military Culture
- Introduction to Rural Culture and Rural Psychology Practice
- Introduction to other multicultural awareness topics
- Technical issues
 - How to use the Computerized Patient Record System (CPRS)
 - How to respond to consults from other providers
 - Safety issues within the clinics
 - How to utilize the Library and Interlibrary Loan and electronic resources
 - How to check out VA station cars (Grand Island, Lincoln and Omaha)
 - How to use the VA credit card to pay for gas in VA station cars
 - How to request mileage reimbursement (Norfolk only)
 - How to use telemental health equipment with patients
 - How to develop a telemental health safety plan
 - How to use IM and video skype on the VA system with other VA employees
 - Specific language required for voicemail greetings
 - What documentation expectations are and why this is ethically important for patient safety
 - Etc.

The two other goals for the first two-week orientation period have been 1) the development of group cohesion of the Intern class, and 2) readying all Interns to attain “Area Level” supervision status on the basic neurocognitive assessment battery as early as possible in the first rotation. Neurocognitive training is facilitated by several hours of in-person or V-tel trainings.

Taken together these orientation week topics are designed to build a minimum level of shared basic knowledge and skills across the training class with which to begin their first rotation with their respective supervisors. This also sets up Interns up for additional skill building through the planned sequence within the “Breadth” and “Depth” didactic series over the course of the rest of the training year. This is particularly true for Motivational Interviewing, which is one of the monthly “Depth” topics where Interns will observe, discuss and participate in role-plays in order to develop mastery of core MI skills the Interns may use with a variety of Veterans.

Across the rest of the training year there are a wide range of other, mostly optional, educational opportunities to support the overall training goals. The one mandatory educational attendance requirement for all Interns (other than the weekly didactics) relates to the educational presentations within

the monthly Psychology Meeting/ MH Meeting, bringing together all Interns and faculty across all training sites via V-tel. Some rotations at some sites may have additional required meetings. Interns with an interest may choose to work with their supervisors to use elective time to attend specific webinars. There are many training options available through the VA's Talent Management System (TMS), HSR&D Cyber Seminar Program, The Center for Deployment Psychology, MyVeHU Campus, and other VAs across the country that open trainings/didactics/grand rounds to all VA facilities (typically through telephone and/or Adobe Connect). This must be pre-approved by the Interns primary supervisor first to ensure Interns are meeting the basic demands of the program before engaging in any optional activities.

The Intern's individualized training plan within each rotation also tasks the Intern to complete the equivalent of 10 brief educational activities, to be determined in collaboration with the rotation supervisor. This is actually more flexible than it might seem, and generally would be met by the basic readings etc. necessary for each rotation anyway (such as the CPT manual or the CBT-Insomnia manual). At least one of the 10 educational activities that related to the rotation must have a multicultural focus that is generally related to the clinical area of the rotation. Again, this requirement is generally easily met as Interns do reading related to new evidence-based therapies in each rotation.

Supervision

For the convenience of the reader, the following links to the sections below are offered:

[Supervision: APA Standards of Accreditation](#)

[Supervision: VA Handbook 1400.04 Graduated Levels of Responsibility](#)

[Telesupervision Policy:](#)

[Preceptor Option:](#)

[Supervision Training:](#)

[Important Caveats Regarding Future Licensure:](#)

Supervision: APA Standards of Accreditation

Consistent with APA accreditation standards, Interns receive at least four hours of planned (scheduled) supervision every week of which a minimum of two hours are scheduled in-person individual supervision with their primary rotation supervisors. NWI Interns are scheduled for more than the minimum as well as planned back-up supervision times, in part to ensure the minimum is met and in part to ensure good training. Interns may have additional supervision beyond the APA minimum requirements on an as-needed basis or due to specific training goals.

Briefly, each Intern has two hours of scheduled individual supervision with his or her primary rotation supervisor. Interns often receive additional individual supervision from their Assessment Clinic supervisors, particularly at the beginning of the training year or when new skills are being developed. The amount of time spent in individual supervision with an Assessment Clinic supervisor varies based on the complexity of the case and the Intern's experience with various testing instruments. There are two and one-half hours of scheduled group supervision. These include one and one-half hours of scheduled Assessment Clinic group supervision (currently on Friday mornings), and a one-hour of scheduled group supervision (currently 8-9 AM every Monday morning), both of which are discussed in greater detail below.

In addition to APA supervision requirements, the VA has additional supervision requirements. Note that during the national pandemic emergency, there is both the traditional requirements and a set solely for virtual contact with patients.

Per traditional VA requirements, **the physical presence of a supervising psychologist on site is required for all clinical interactions undertaken by Interns at each training site.** Interns may not have clinical interactions with individuals face-to-face, by phone, or by any other means if there is not a psychologist supervisor present on-site at the time the clinical interaction. When a supervisor is not physically present on site, Interns may engage in report-writing, notes, other clinical documentation, and other forms of learning. If a mental health emergency occurs in the clinic and a supervising psychologist is not present, the clinic staff must respond according to the established protocols in place for that clinic for when a mental health provider is not present and behave as if the Intern is in fact not present. The latter is particularly important for the Norfolk-based Intern as the Norfolk supervising psychologist is never present on Fridays, and important at the Polytrauma Support Clinic for similar reasons. However, this is also relevant for Interns based at the other training sites.

Historically, virtual or phone supervision could not take the place of the physical on-site presence of a licensed supervisor on site requirement, per the traditional VA requirement. A certain amount of virtual supervision has been allowed by APA policy but not by VA so this was avoided by the NWI Internship whenever possible by using a hybrid model. See [Telesupervision Policy](#); below. VA practice has been adapting over time. Due to current Covid-era exceptions, interns can at the time of this writing participate in secure VA Video Connect (VVC) sessions with Veterans under virtual time-of-service supervision provided the supervisor at the different site is on duty and can jump into the virtual session on demand; however, for in-person face-to-face sessions by Interns, the basic supervision principals remain applicable in that an on-site supervisor must be physically present.

Interns and supervisors are both expected to know who is serving as the backup supervisors designated for each period the regular supervisor is absent for any reason or otherwise unavailable. If needed, the Chief of Psychology, the Training Director, and others also serve as “backup to the backup” supervisors. Currently the virtual environment is preferred for the 4 hours of supervision, even when the supervisor and Intern are physically on site, possibly even in adjacent offices.

It should be noted that in the event a site has rotations, intervention supervisors change with each rotation whereas Assessment Clinic supervisors may or may not change across rotations. For example, the Norfolk-based psychologist is responsible for providing supervision for both therapy and at least some of the Assessment Clinic cases across the training year; other psychologists from the other training sites may also provide supervision to the Norfolk-based Intern for assessment cases, as described in greater detail in the Norfolk training site section below. See [Norfolk CBOC](#) and [Norfolk Assessment Clinic](#).

There are typically two scheduled group supervision meetings twice a week. During group supervision internship faculty are typically present at the same site as the Intern but all join virtually via TEAMS.

One weekly 90-minute group supervision is specific to the Assessment Clinic. During the first weeks, group supervision is focused on learning new instruments, with more case-specific discussions as Interns start actual testing on “Room Level” or “Area Level” supervision status. See [Supervision: VA Handbook 1400.04 Graduated Levels of Responsibility](#), below.

A series of mini-didactics and group discussion related to various areas of assessment skills has been incorporated into Assessment Clinic group supervision, based on prior Intern feedback. Examples of topics for these mini-didactics are: assessing dementia, dementia versus depression, pre-surgical evaluations (e.g., bariatric, liver transplant, or spinal cord stimulator implant), providing feedback to Veterans and their family, assessment in forensic settings, civil commitment evaluations, US Supreme Court *Daubert* case, etc.. These are typically presented by faculty at the beginning of the training year and increasingly by Interns (individually or in pairs) as the training year progresses.

One-hour of group supervision is required on Monday’s at 08:00 AM in addition to the weekly Assessment supervision. This is led by at least three psychologists, currently all virtually but in the past more of a hybrid model with Interns and a supervisor sharing a room but joined virtually across sites. Supervisors attending tend to be: the Training Director (currently Dr. Ritchie but by 2023-24 transitioning to Dr.

Weilage), the Chief of Psychology (Dr. Krebs), and the Norfolk-based psychologist (Dr. Hannappel). The Monday morning group supervision covers a range of topics, including case discussions, case presentations and administrative issues, as well as supervision skills, psychologists' roles as consultants and administrators, program evaluation, and other topics related to professional role development.

In addition to having multiple supervisor perspectives within the discussions, using telehealth technology in this hybrid model of group supervision provides a number of other advantages to the Interns' training experience. First, the NWI Doctoral Internship faculty believe it is very important to foster an integrated Internship experience across the training sites, allowing the Interns to experience a greater range of supervisors. This is also important in facilitating collegial bonds between the Interns across the training sites, building upon the bonds forged through in-person group activities that occur during the first two-weeks of the Internship and as scheduled throughout the rest of the training year, as well as through other virtual activities (i.e., "Breadth" and "Depth" didactic series, the Psychology Meeting, group supervision, supervision skills trainings, peer discussions, etc.).

Supervision: VA Handbook 1400.04 Graduated Levels of Responsibility

The VA requires VA funded internships to follow APA accreditation standards as described above. In addition, VA policy requires that a supervising psychologist must be physically present in the facility at all times in which the Intern engages in actual face-to-face (or tele face-to-face) provision of clinical services. As noted above, there is a current exception limited at this point to the duration of the national pandemic emergency to allow virtual time-of-service supervision for virtual sessions with Veterans.

The VA Handbook 1400.04 (March 19, 2015) describes three levels of "Graduated Levels of Responsibility," which reflects a developmental model for all trainees and describes where in the facility the supervising psychologist may be relative to the trainee and patient. The terms "Room Level," "Area Level," and "Available Level" supervision reflect that formal determinations have been made by supervisors of the trainee's competence level for the health care service being provided by the trainee.

1. Room. The supervising practitioner is physically present in the same room while the trainee is engaged in direct health care activities.
2. Area. The supervising practitioner is in the same clinic or treatment area and is immediately accessible to the trainee. The supervising practitioner meets and interacts with Veterans as needed. The trainee and supervising practitioner discuss, plan, or review evaluation and treatment. Area supervision is available only when the trainee has formally been assigned a Graduated Level of Responsibility commensurate with this type of supervision.
3. Available. Services are furnished by the trainee under the supervising practitioner's guidance. The supervising practitioner's presence is not required during services, but the supervising practitioner must be in the facility, available immediately by phone or pager, and able to be physically present as needed.

Note that the VA policy has a specific waiver for supervision when the Intern and supervisor are teleworking or providing virtual service. It is noted that current technology allows the supervisor to join telemental health sessions as needed.

Telesupervision Policy:

Again, note that the VA post-COVID policy has a specific waiver for supervision when the Intern and supervisor are teleworking or providing virtual service. Other supervision policies are also ever evolving.

It is noted that current technology allows the supervisor to quickly join telemental health sessions as needed, even if both Intern and supervisor are working off-site.

Pre-COVID, the NWI's telesupervision policy has been consistent with but more restrictive than APA telesupervision requirements. APA allows one hour of individual telesupervision and one hour of group telesupervision to count towards the weekly minimum requirements. However, VA nationally does not encourage telesupervision to the same extent. NWI does not consider the hybrid model used in group supervision to be "telesupervision," when a supervisor is physically present in the room with the Intern at their training site. Pre-COVID, NWI tried to use telesupervision (virtual but without supervisors present in the room) as a last resort only. Pre-Covid we tried to have as much supervision as possible to be in-person, with 'make-up' on-site supervision hours for those times when a live supervisor is not on-site in the hybrid model group supervision described above. We intend to return to this when COVID rates make this again possible.

VA policies have been adapting over time post-COVID such that as long as the pandemic national emergency is still in place, Interns can do virtual VVC sessions with Veterans with a known and knowing supervisor at a different training site who can jump into the virtual session on demand; however, for in-person face-to-face sessions, the basic supervision principals remain applicable in that an on-site supervisor must be physically present.

To help Interns and Supervisors keep things straight with all these exceptions to differing circumstances, the following chart was created as a visual guide. It may be difficult to read in this format but is an example of the types of assistance provided to help negotiate the maze.

Preceptor Option:

If they wish, Interns may opt to ask an NWI psychologist to become their preceptor. This is optional for each NWI psychologist as well, so acceptance of the request may not be assumed. If accepted by the intended preceptor, this can be a year-long relationship whose role is to provide professional mentorship (e.g., professional development and career planning) throughout the training year by a licensed psychologist who is not in an evaluative role, or may be accepted for a particular, time-limited purpose. Requesting a preceptor by an Intern is not required but for some may be helpful. However, not all NWI psychologists have room in their schedules to adequately provide this role. The proposed preceptor is not obligated to accept a request by an Intern to enter into this type of relationship. Once the proposed preceptor agrees to enter into this role, the goals of the relationship are individually crafted between the Intern and preceptor. Interns are encouraged to consider choosing a preceptor from psychology staff not within the Intern's home-base site, allowing for exposure to a fuller range of the NWI psychology faculty.

The preceptor role is not intended to be therapeutic in nature; it is advised that in agreeing to enter into the preceptor relationship, the Intern and preceptor discuss the scope and limits of such scope related to their roles. For more personal issues, Interns are encouraged to use their health insurance to fund a personal therapist and/or the Intern may choose to access to any EAP services that may be available if the topic areas might be considered therapy or come close to therapy.

Supervision Training:

Supervision skills training occurs in a variety of direct and indirect ways.

Along with indirect learning through participating as a supervisee regarding their own cases in individual supervision, Intern supervision skill development may also become a direct topic within individual supervision, both generally as well as in supervising trainees' specific peer supervision on cases. Supervision is also a topic within the "Breadth" didactics. Interns are expected to be active participants in

any NWI in-house trainings directed at faculty regarding their supervision competencies. There are only limited (if any) opportunities to engage in peer-supervision of practicum students.

More structured supervision skills training also occurs. Interns across sites come together virtually for weekly scheduled supervision skills training to discuss and then practice specific supervision skills. Interns sign up for leading the weekly discussions and practice of their chosen topic, with Dr. Hannappel and Dr. Ritchie attending. In the second half of the training year, hands-on practice of skills is more emphasized than didactic or discussion-based training. At the end of the year, competencies are further assessed when Intern supervisor and supervisee dyads are given specific situations to role-play difficult conversations without advance notice of the topic to more closely simulate actual supervision situations.

Another aspect of supervision skills training involves Interns reviewing each other's assessment reports prior to being sent to their assessment supervisors for review. This is designed to allow Interns to learn the skill of giving constructive written and oral feedback to peers as well as learning from each other.

There are additional unscheduled, informal opportunities for peer supervision as Interns share their various strengths with each other. With limited exceptions, all Interns have 30 minutes per day in common built into their initial schedules (12:30-13:00); although this is intentionally set aside for optional peer interactions and support irrespective of the form taken (although this is not required), some interns choose to use it for other activities such as groups, or report writing. This can be used in any way the intern sees fit; this may be for social interaction, for shared presentation planning, doing their peer review of assessments/evaluations (see above) or for unscheduled or informal verbal peer supervision in addition to any other forms of peer interactions chosen. In addition to these 30-minute opportunities built into the schedule, Interns have reported frequent contact throughout the day using the VA's internal messaging system (currently Microsoft TEAMS) which allows both text and video contact across individual offices irrespective of training site.

Important Caveats Regarding Future Licensure:

The NWI Internship does not guarantee that the minimum scheduled supervision as required by APA will meet all states' licensure requirements. In addition, the NWI Internship is a 2080 hour appointment, but does not require 2000 working hours for completion; after deducting the maximum amount of Annual Leave, Sick Leave, and the 11 federal holidays, the actual number of working hours is more like 1784 clinically supervised hours. Two caveats: First, some Interns may need to work more hours to gain the intermediate to advanced levels of skills required for each element of the 9 Profession-Wide Competencies, depending on their skill level coming into the Internship. Second, although attaining 2000 supervised clinical hours - if desired by any individual Intern - can be a manageable individual goal based on past Interns' experience, more can be less, such that going much over 2000 hours is not encouraged.

Interns are encouraged to research the licensure requirements of states in which they are likely to practice in the future, or are considering. It is the Intern's responsibility to contact state licensing entities directly and become familiar with any requirements needed to be met; they can then bring their plans on how to meet these requirements to the NWI faculty for consideration. To the extent possible, the NWI Internship will work with Interns to help them develop their individualized plans and assist the Intern in meeting the requirements that the Intern identifies to meet his or her future needs. It is especially important for the Intern to be vigilant of his or her future licensing needs and plan accordingly.

Some states require trainees to submit a training plan or internship contract to the licensing board at or before the beginning of the Internship; Interns should check whether these requirements apply to all internships or only apply to internships within the jurisdiction of the state. Some states may require that an Intern's supervisors have a certain number of CEUs related to supervision during every two-year period in order for the Intern's supervision hours to count towards his/her own licensure application in that state. Some states require that an Intern's supervisor be licensed for a minimum number of years. Some

states require both and/or additional requirements. These examples are not exhaustive. **Again, we encourage incoming Interns to check with their intended licensing board(s) and be proactive to bring these requirements to the attention of the Internship; we will work with Interns to the extent practicable to meet these requirements but we do not take responsibility for ensuring that these are met.** See discussion below: [More Re Hours](#)

Travel Between Training Sites

Note that post-COVID we are traveling less than previously. This section remains in the brochure on the hope we can return to travel in the future, hopefully in the 2023-24 training year. The only required travel in the current post-COVID environment is meeting in Grand Island on Day 1, as described below, and travel to Norfolk later in the orientation period. The other adaptation at the time of this writing is the requirement for each Intern and faculty member to wear surgical or N-95 masks and engage in social distancing while together.

Currently there is only required travel to Grand Island on Day One and to Norfolk on one of the days in the second week. Travel may also required if the entire Intern class meets face-to-face. We may do approximately once a month at one of the training sites during the fall, spring and summer months. Typically, these days would involve a multicultural/diversity-related activity in the morning, followed by lunch and then an afternoon didactic before driving back to their home station. Other travel (if pre-approved) is optional.

Whether required for the group or requested by an individual intern, Interns must get pre-approval for all travel. To make travel between sites possible, Interns are given the opportunity to use government vehicles where/when available (Grand Island, Lincoln and Norfolk training sites all have this capability). If a VA vehicle is not available for pre-approved travel, then the Intern driving is reimbursed at the full (i.e., “standard”) federal rate for mileage when using the Intern’s own vehicle; if there is an available vehicle then a much more limited reimbursement can be occur for pre-approved Intern travel. The full “standard” federal rates change each year. See <https://www.irs.gov/tax-professionals/standard-mileage-rates>

Typically, the Norfolk-based Intern has done the most voluntary travel to enrich their training available at other sites. Some of these are related to assessment (typically going to Grand Island on selected Fridays) although Dr. Hannappel also supervises assessment on days she is present in the Norfolk VA Clinic (M-Th). Other Interns have also occasionally chosen to travel at times, typically going to Grand Island for additional assessment opportunities or other training experiences, but sometimes to Lincoln or Omaha.

It should be noted that there are free, overnight student accommodations for traveling trainees coming to the Grand Island VA. This is unique to the Grand Island VA (but not open to trainees who Match to the Grand Island VA). As an example, if the Norfolk-based Intern so chooses, they may drive to Grand Island early on a Thursday and rather than driving back that same day, can stay overnight to allow a second full day in Grand Island the next day. For example, there may be groups and activities available on Thursdays in Grand Island, such as the interdisciplinary Pain Clinic, and other training activities not available in Norfolk, and assessments available on the Friday. This, of course, requires pre-approval from the Norfolk supervisor and advance coordination with the Interns and approval of the supervisors in Grand Island (if that’s the destination).

When Interns travel between training sites, Interns are able to use their assigned VA laptops to access their personal VA “user” drives from anywhere within the NWI system. In addition, they may access another individual portal behind the VA firewall; these individual portals allow each individual Intern and their supervisors access to that specific intern’s portal folder. Use of the portals can then assist in supervision of confidential and often lengthy assessment reports for which editing in the computerized chart is unweildy. Physical testing protocols and any other physical writings/drawings completed in assessments must remain with the on-site supervisor at the site where the testing was administered.

Instead, before the Intern leaves the site they scan these protocols etc. into pdf documents which in turn the Intern then saves into their secure portal folder behind the VA firewall. Thereafter, both the administering Intern and their supervisor then have access to the raw materials such that the Intern returning to their home station can then move on to scoring and interpretation. Interns do not have access to portal folders other than their own.

Travel is no longer required for Interns in the winter as Internship applicant interviews are now conducted exclusively on TEAMS (and likely will continue to be virtual even after the end of the national pandemic emergency). This avoids both winter travel for faculty and current Interns, but also makes application much more affordable for applicants and helps to encourage a more diverse group of applicants to the program. Current Interns participate in both applicant interviews and ranking discussions, and in the past many Interns have volunteered to have additional contact with applicants away from faculty, usually after the day of interview but before applicants do their rankings. This provides both professional development experiences to the current Interns, as well as insight into their own upcoming post-doctoral interview processes.

Program Goals & Core Competencies

Core competency expectations that together merge into each training goal are outlined in the Appendices of this brochure and are discussed at the beginning of the year and each rotation, with formal evaluation at the end of each rotation.

Specific Internship competencies and elements of those competencies have been adjusted to reflect changes due to APA's shift to "Standards of Accreditation" (SOA) effective January of 2017. NWI has not added any additional competencies, but has added additional elements to the Profession-Wide Competencies. Interns are expected to demonstrate intermediate to advanced levels of competence by the end of the training year; the following list includes the APA-defined competencies and a few examples of the types of added NWI-defined elements to these competencies:

- 1) Professional research utilization and/or production:
 - 1) Demonstrate the substantially independent ability to critically evaluate research or other scholarly activities (e.g., case conference, presentation, publications)
 - 2) Disseminate research or other scholarly activities at the local (including the host institution), regional, or national level.
 - 3) NWI Added Element: Demonstrate a working knowledge of the scientific basis of one or more of the evidence-based psychotherapies and evidence-supported psychotherapies
- 2) Professional and ethical behavior:
 - 1) Be knowledgeable of and act in accordance with each of the following:
 - i) the current version of the APA Ethical Principles of Psychologists and Code of Conduct;
 - ii) Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and
 - iii) Relevant professional standards and guidelines.
 - 2) Recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas.
 - 3) Conduct self in an ethical manner in all professional activities.
- 3) Individual and cultural diversity issues in professional practice:
 - 1) An understanding of how one's own personal/cultural history, attitudes, and biases may affect how one understands and interacts with people different from oneself.
 - 2) Knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.

- 3) The ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities).
 - i) This includes the ability apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of one's career.
 - ii) Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with one's own
- 4) Demonstrate the ability to independently apply one's knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship.
- 4) Development of professional values, attitudes, and behaviors:
 - 1) Behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of other.
 - 2) Engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.
 - 3) Actively seek and demonstrate openness and responsiveness to feedback and supervision.
 - 4) Respond professionally in increasingly complex situations with a greater degree of independence as you progressed across levels of training.
- 5) Professional communication and interpersonal skills:
 - 1) Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
 - 2) Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.
 - 3) Demonstrate effective interpersonal skills and the ability to manage difficult communication well.
- 6) Assessment skills:
 - 1) Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.
 - 2) Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.
 - 3) Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.
- 7) Intervention skills:
 - 1) Establish and maintain effective relationships with the recipients of psychological services.
 - 2) Develop evidence-based intervention plans specific to the service delivery goals.
 - 3) Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
 - 4) Demonstrate the ability to apply the relevant research literature to clinical decision making.
 - 5) Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.
 - 6) Evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.
- 8) Supervision skills:
 - 1) Apply supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.

- 2) NWI Added Element: Demonstrate a working knowledge of the developmental model of supervision and competency-based supervision.
- 9) Consultation and interprofessional/interdisciplinary skills:
 - 1) Demonstrate knowledge and respect for the roles and perspectives of other professions.
 - 2) Apply this knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.
 - 3) NWI Added Element: Demonstrate competence in the four domains developed by Interprofessional Education Collaborative (see: www.une.edu/wchp/ipec) which include:
 1. Values/Ethics for Interprofessional Practice
 2. Roles/Responsibilities
 3. Interprofessional Communication
 4. Teams and Teamwork

Interns typically have opportunities across the training year - to a greater or lesser extent depending on training site- to work with or within interprofessional teams across the various rotations and any available 'elective' experiences. Regardless of setting the Intern works to develop and demonstrate same core competencies, albeit their expression may be somewhat different in different settings. In addition, there is an emphasis on Interprofessional Education in the Depth Didactics series, where Interns are joined by trainees from other disciplines including pharmacy, dentistry, social work, APRN students, and potentially others. In addition, the audience for neurocognitive and psychodiagnostics consult requests are typically other professions either within or outside the Mental Health Service Line.

Consultation skills can be demonstrated in a number of arenas. Most of the Interns' training comes through experiential activities, with skill development also woven into some didactic training experiences, supervision discussions, and to some extent peer supervision experiences. Consultation skills are also modeled during supervision, particularly later in the internship year when supervision becomes more consultative in nature. In addition, Interns complete case consultation via active participation on various treatment teams and collaboration with other providers, supervisors, and peers. Interns are also likely to observe supervising psychologists providing consultation, and vice versa. Consultation skills are also facilitated during peer supervision, Assessment Clinic group supervision, individual supervision with staff psychologists, DBT Consultation Group experiences, discussions within the monthly Psychology Department Meetings, and discussions within the weekly rotation-specific interprofessional meetings (e.g., Mental Health Team meetings, PTSD Treatment Team meetings, and in Grand Island Residential Services Rounds). Over the course of the training year, Interns are expected to become increasingly skillful in their consultations with others. Skills that support the end of rotation and more importantly end of year Minimum Level of Achievement ratings are also evidenced by the quality of participation by Interns during team meetings regarding assessment findings, observations of patients' mental status, therapy interventions, case management, diagnoses and discharge interventions, etc.. Interns gain further knowledge by consulting with their supervisors on therapy and assessment cases, and providing peer supervision during group supervision, as well as reading professional articles and books. Finally, Interns each complete at least two case presentations during the course of each 16-week review period. They may also do several other more didactic presentations during the Assessment Clinic group supervision, depth didactics, and Supervision Skills trainings.

As noted above under the [Supervision Training](#) section, development of supervision skills can include specific didactics related to supervision as well as interactions with supervisors, preceptors and peers. Interns engage in training other disciplines, including providing some staff training in Mindfulness skills and interprofessional training of and/or alongside trainees from other disciplines (e.g., social work, pharmacy, dentistry, and physical therapy) through the "Depth" didactic series (see descriptions in the narrative elsewhere in this document).

In order to maximize Interns' abilities to successfully meet these competencies the NWI Doctoral Internship in Clinical Psychology seeks to:

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- Offer the Intern a broad range and diversity of clinical and testing experiences and challenges;
- Assist the Intern in refining already acquired skills and in expanding and developing greater expertise in the areas of diagnosis, assessment and intervention;
- Offer the Intern experience with rural and highly rural populations, as well as other diverse populations;
- Provide the Intern the opportunity to work with a variety of programs, patients, supervisors, and role models;
- Develop in the Intern increased sensitivities to cultural differences (including rural culture, military/Veteran culture, different ethnic and religious cultures, etc.), and offer a knowledge base to support psychological work within that awareness;
- Provide practical guidance and support as the Intern copes with therapeutic issues and integrates clinical experiences with academic knowledge;
- Provide a structure for the Intern to develop not only professional knowledge and skills, but also an appreciation of the uniqueness of our discipline, an understanding of the diversity of our roles, and an opportunity to participate fully in the application of our skills to various segments of the institution;
- Allow the Intern to demonstrate an awareness of how ethics and standards affect all areas of our practice and daily functioning;
- Foster and encourage the Intern's ability to independently assume a variety of roles, such as diagnostician, teacher, psychotherapist, supervisor, consultant, etc. including development of interprofessional core competencies consistent with entry-level psychology practice;
- Assist the Intern to understand and to strengthen his/her unique and independent characteristics as a professional and a psychologist;
- Facilitate a transition from trainee to independent entry-level professional within the context of an ever-changing health care arena, and become better prepared for the reality of the practice environment including practice as part of interprofessional healthcare teams.

Schedules

NWI work schedules for trainees, as well as full time psychology staff are typically Monday through Friday, 8:00 AM to 4:30 PM (Military time: 08:00 to 16:30; aka "Tour of Duty" or "Tour"). This is the default schedule for all Interns. Thus, unless otherwise given advance permission by the Training Director, Interns are expected to be on site and ready to engage in internship activities at 08:00 AM, take only 30 minutes for lunch, and leave no earlier than 4:30 PM (aka 16:30). As with other employees, Interns may also take a 15 minute break in the morning and a 15 minute break in the afternoon. Similar to requirements for permanent employees, Interns may request a change of tour of duty, which must be approved in advance by both the Chief of Psychology and Training Director – for example, in pre-COVID times to provide an evening group and then come in a little later the next day, opportunities that are less prevalent post-COVID. More recently, if an Intern's supervisor has arranged for the Intern to regularly participate in an interprofessional geriatric assessment clinic which begins at 7:30 so is required to arrive at least by 7:15 to prepare, then that Intern could request an alternative minimum 40-hour schedule. That said, to meet the breadth and depth of available training, the expectation is that Interns may well average 40-44 or so hours per week, particularly early in the training year, depending on their prior level of training coming into the Internship, or for example, if they choose to get 2000 actual supervised clinical hours on Internship. It is important to note that Interns are trainees, and for that reason, there is no 'overtime' or AA for this additional time spent in training activities - for example, Interns staying late one night must still come in at 08:00 AM the following day. There is "travel-related equivalent time off" for time actually en route traveling outside of the regular 'tour hours. See: [NWI Intern Authorized Absence](#) for details.

Interns may work with the Training Director and Chief of Psychology to get approval for individualized schedules in order to meet certain clinical experiences (e.g., when the Intern and the Primary Rotation supervisor desire the Intern to have routine involvement in evening or Saturday clinics). Without prior approval, the standard five-day tour of duty is from 08:00 to 04:30 PM on Monday through Friday.

While for most Interns this is unnecessary to say, but this caveat is included for those few for whom it is necessary. Arriving at 08:00 means ready to see patients at 8 AM, being on-time for meetings scheduled for 8 AM, etc.. It does not mean arriving on site at 8 AM and taking 20 minutes to take off coats, settle in, have coffee, etc..

Arriving after 08:00 AM should be the rare exception rather than a regular occurrence. Habitual lateness (arriving after 08:00 or the designated start time if a tour change is approved) or habitually leaving early may result in the Intern being deemed to having used Annual Leave for the time missed, per the Chief of Psychology. **Please note that the VA does not close for inclement weather.**

In addition to their 30-minute lunch period, with limited exceptions, Interns' initial schedules include a half-hour block (usually from 12:30 to 01:00 most days M-F) that is purposely schedule as "protected" time in order give all Interns the option to informally meet with each other, whether in person, or via the VA's internal messenger system (currently Microsoft TEAMS video or text) from their VA-assigned laptops, or by phone. Interns are encouraged but not required to keep this time protected for intern-to-intern interactions, particularly related to those Interns at sites where there is no other Intern physically close.

The limited exceptions relate to certain clinical schedules, primarily at Grand Island, where some groups in the residential substance abuse treatment program have at times started at 12:30. Therefore, an Intern involved in that group for that rotation (for example) may only have this time 4 days per week, not 5.

An Intern's particular schedule is based on individual rotations (as applicable) and that Intern's rotation plan. As may be seen in the sample schedules along with individualized descriptions of the training sites later in this document, the sample week in Lincoln might look different from a sample week in Grand Island, and the weekly schedule of two Interns at the same site may be quite different regarding particular activities on particular days. However, all experiences are designed to allow Interns to develop the intermediate to advanced competencies in the 9 Profession-Wide Competencies required by APA accreditation for successful completion of the internship.

Following the end of the two-week orientation period, clinical activities begin at all training sites. All training sites follow the same evaluation schedule and focus on training towards the overall competencies described elsewhere. We will have three rotational periods for evaluations.

Note that Interns are expected to be physically on-site the first business day of the Internship (**July 17, 2023**) and on the final business day (**July 12, 2024**) consistent with a full 52-week internship per APA accreditation (and some state licensing) requirements. Please note that paperwork is likely to list Sunday as the official beginning of any two-week Federal pay period. Timing may vary and the first stipend installment is typically made via electronic transfer on the third Friday of the training year, and every two weeks thereafter for 26 equal installments. See [Stipend and Benefits](#) and [Training Year Defined](#) for additional details.

Interns in the 2023-24 Internship year report at 08:00 AM at the place designated by the Training Director. The class then typically meets at the Grand Island VA around 10 AM to start the on-boarding process, with Norfolk and Lincoln-based Interns meeting supervisors to drive them to Grand Island at 8 AM at their respective Matched training location.

Requirements for Completion of the Internship

- 1) **By the end of the training year, Interns must have met each of the APA-defined (and any NWI-defined) elements of the 10 Profession-Wide Competencies (PWCs) with a rating "4" (Year-End Intern Level intermediate to advanced skills level) or higher.**
 - See: [Program Goals & Core Competencies](#)
 - See also Appendix B: NWI Rotation Evaluation Form

- 2) A. Interns are full-time and must be present on-site on both the first and last business days of the training year to be able to document a “full 52-week” internship per APA accreditation (and some state licensing law) requirements; and,
 - B. Per APPIC rules, Interns meet the minimum hour requirements and spend at least 25% of their time in direct, face-to-face (either in person or virtual) clinical service.

These are each described in turn:

- 1) By the end of the training year, Interns must have met each of the APA-defined (and any NWI-defined) competency areas with a rating “4” (*Year-End Intern Level intermediate to advanced skills level*) or higher.
 - See: [Program Goals & Core Competencies](#)

Formal evaluation of individual Intern competencies occurs three times a year, coinciding with the end of each of the three rotational periods. The goal of the evaluation process is to benefit the Intern’s progress to successful completion of the Internship by guiding the Intern’s priorities while there is time to improve and meet the minimum levels of achievement (MLA) by the end of the training year. Per APA CoA Standards of Accreditation, the MLA is defined as “intermediate to advanced” level of achievement; per NWI we have chosen a 5 point scale in which 4.0 is the year-end intermediate to advanced level. In addition to their weekly discussions, supervisors and Interns engage in somewhat more structured yet still informal mid-rotation reviews during their regular supervision hours, using the Intern’s individualized training goals, the rotation expectations, and the evaluation forms to guide the discussions in order to give time within the rotation to make necessary adjustments. Frequent review and/or evaluation provides timely feedback that validates trainees’ achievements by noting areas of strengths; this also facilitates trainees’ further growth by identifying areas that would benefit from additional training, and similarly provides feedback to the Internship.

The formal evaluations occur at the end of each 4 month period. The process takes into account three principles: (a) that psychological practice is based on the science of psychology which reciprocally influences and is influenced by the professional practice of psychology; (b) that training for practice is sequential, cumulative, and graded in complexity; and (c) that integrating these skills within the interprofessional core competencies are key to modern psychological practice. Educational quality is linked to content in terms of individual knowledge, skills, achievement, and the ability of the Intern to integrate these together in an adaptive manner to meet the needs of a diverse group of patients. Finally, ratings on the competency evaluations of individual Interns serve as markers for the overall success of the program.

The Internship uses a two-step process within the formal evaluation at the end of each 4 month period, although this continues to be refined. The goal of the two step process is to ensure that the Intern is getting credit for skills demonstrated outside the observation of the primary rotation supervisor, as well as to quickly target any areas of weakness to be addressed in the next rotation, or at the more extreme end, areas needing formal remediation. The overall goal is to better ensure the successful completion of the Internship by each Intern.

- First, each of the primary rotation and assessment supervisors make their individual ratings and then review these ratings within a one-to-one discussion with the Intern (typically in a scheduled supervision meeting).
- The Intern is given a copy of the supervisor’s ratings.
 - The Intern may sign immediately but has the option to take 24 hours to return the evaluation form with their signature indicating agreement or disagreement, and with the additional option to express reasons for disagreement if they so choose.
 - The signed form with both supervisor and Intern’s signatures is sent to the Training Director (both as a pdf immediately either by email or by placing it in the Intern’s personal

- portal behind the VA fire-wall, with the 'wet' paper original sent through the internal VA mail system).
- This is then signed by the Training Director with the paper 'wet' original for the Intern's individual physical file, with another pdf of the final fully signed version available to both the Intern and the Internship in the Intern's individual "Portal" folder.
 - Shortly thereafter, there is a "consensus meeting" of supervisors outside the presence of the Intern. The consensus meeting is designed to ensure each Intern gets credit for demonstrating competencies observed across multiple settings and across multiple supervisors that may not have been observed by the primary rotation supervisor. Less common but available if needed, the meeting provides an opportunity for a wide range of input in developing strategies regarding any competency areas not previously identified as needing less formal boosting or more formal remediation.
 - The consensus meeting may result in a simple acknowledgement that the primary supervisor's ratings are agreed upon, with no further action. Alternatively, the meeting can result in a more formal signed consensus evaluation if there is any significant change from the rotation evaluation (for example, poor ratings that were previously marked as "not observed"). Another alternative is a determination to initiate a "Notice of Review" for poor ratings to then determine whether a more formal remediation plan is needed. The "Notice of Review" is signed at a minimum by the Training Director, who also keeps a record of the names those supervisors attending the consensus meeting (typically participating via phone or V-tel).
 - A copy of any additional signed consensus evaluation – and there may not be any - is provided to the Intern by the primary rotation supervisor within a supervision session or otherwise scheduled meeting, with the Training Director present in person or via TEAMS if invited by either the supervisor or Intern.
 - The Intern is given 24 hours to return the consensus meeting evaluation form (if any) with their signature indicating agreement or disagreement, and again given the opportunity to express reasons for disagreement, and signatures and scans are made consistent with the procedure above.
 - An additional consensus meeting evaluation form is not required if a "Notice of Review" is given.

A grievance process with articulated steps providing due process is available to resolve any disputes regarding progress toward meeting competency criteria or any other aspect of the Internship throughout the training year at any part of the evaluation process. The goal of the Internship is to assist Interns in attaining all competencies at the required level for successful completion. If necessary, the Training Director and the Internship Supervisor Committee, with consideration of Intern input if any, will develop an individualized plan of remediation which if followed is designed to bring the Intern to meet all expected competencies and successful completion of the Internship. Copies of the evaluation forms and selected Standard Operating Procedures, including but not limited to the NWI Internship Grievance Procedure, are given to the Interns as part of the binder of Orientation printed materials given to the Interns on Day One, as they often do not have full access to secure Internship-specific folders behind the VA firewall until a 2-3 weeks after starting. Interns also have access to a fuller Internship Handbook in their individual portals once they do have access.

Please note that this two-step process does not preclude getting formal or informal feedback at other times during the internship.

- 2) **A. Interns must be full-time and present on-site on both the first and last business days of the training year to be able to document a "full 52-week" internship per APA requirements; and,**
- B. Per APPIC rules, Interns meet the minimum hour requirements and must spend 25% of their time in direct, face-to-face (in person or virtual) clinical service.**

See [Training Year Defined](#). The Internship is a 52-week, with a 2080-hour appointment, with the official appointment has to be over one year (likely one year and a day) in order to receive benefits. The VA paperwork members of the Class of 2023-24 eventually receive from HR is likely to indicate:

Sunday 7/16/2023 through Saturday 7/13/2024

Please note that the start of the internship may or may not coincide with the official beginning of a two-week Federal pay period. The first stipend 'paychecks' are received on the third Friday if the training year begins at the beginning of a 2-week pay period; it is unclear if this would be true for those starting on the second week of the pay period, and will be clarified at a later date prior to the onset of the internship.

Funded hours when Interns are not on site doing clinical work include annual leave, federal holidays and sick leave that (if taken). Please note that "sick leave" is used only when you or a dependent family member (as defined by HR) are sick or have medical appointments. Sick leave can also be used for bereavement depending on the closeness of connection, as well as maternity and paternity leave.

Consistent with APA Accreditation, the Internship is required to be a 'full 52 weeks', which is interpreted to require on-site presence by the successful graduate on both the first day and last day of the training year. This also protects the Intern as many states also require a 'full 52 week' internship for licensure. Other than the requirement for a 'full 52 weeks,' APA Standards of Accreditation do not mention a specific number of hours being required, but rather focuses on profession-wide competencies.

More Re Hours

As noted in [Appendix A: Internship Admissions, Support, and Initial Placement Data](#), there are four hours per pay period for Annual Leave (104 hours) and 11 federal holidays. Interns accrue four hours of sick leave per pay period (104 hours). Thus, the minimum requirement is for approximately 1,784 hours over the course of the training year, although successful completion of the internship is competency based and not simply the number of hours in training. Note that some state licensing laws require more hours than this and some graduate schools may require more hours than this. Although the NWI Internship does not require 2,000 hours, Interns are encouraged to consider completing 2000 training hours as for some future employers 2000 hours may give the graduate competitive edge (all other factors equal). Typically, NWI Interns are able to achieve more than 2000 hours if they choose to do so. That said, it is a 2080 hour appointment which will be indicated (along with actual hours in experiential training) in the year end Letter of Completion sent to the Intern and graduate school Director of Clinical Training.

APA accreditation includes the requirement we meet APPIC standards. Per APPIC standards, the successful Intern will have at least 25% of his/her time in face-to-face (in person or virtual) clinical activities (aka 'direct' clinical activities) which is a minimum of 10 hours of direct clinical contact per week. Direct clinical contact in effect means the Intern's face and the client's face is in the same room (or virtual session), and does not include team meetings where the client is not present. A limited number of hours spent shadowing supervisors doing direct clinical work while learning new skills may be counted towards this requirement, typically at the beginning of the training year and at the beginning of subsequent rotations when learning new skills.

Direct hours typically do not include report writing, and notes. However, APPIC made some limited exception to this during the pandemic, which may or may not still be applicable during the 2023-24 training year. In addition, it is important to note that these are not necessarily agreed to by state licensing boards. Specifically, from an April 2022 email to the TD Listserv quoting an email from Dr. Baker at APPIC:

"APPIC considers documentation as part of direct service as part of the "flexibility" during COVID 19. APPIC has not removed any of the "exceptions" granted for flexibility at this time. Telehealth / Telesupervision has always been part of APPIC, but there were some limitations. Those will likely return to the previous levels at some point, but as of now. they are still acceptable."

OAA is the VA's national Office of Academic Affiliations which funds all trainees throughout the VA nationally. OAA recognizes things happen in Interns' lives that may not be anticipated at time of application. Please note that in order to complete the internship, Interns experiencing an extended medical health condition may (with OAA pre-approval) request to extend their Internship hours to offset the time lost due to the extended medical condition that cannot be covered by a combination of other available leave. Maternity and paternity leave are included in this type of extended leave. Matched Interns can ask to be referred to the OAA intranet website for details. OAA is the VA's national Office of Academic Affiliations which funds all trainees throughout the VA nationally. Due to the various hoops to jump through with funding it is imperative to let the Training Director know as soon as possible if extended leave may be necessary. These hoops include such things as asking permission from the national OAA through NWI's upper level administration to suspend the stipend but continuing medical insurance coverage (which is then repaid once the stipend resumes), as well as decisions of whether or not the internship year needs to be extended vs covered by existing unused leave, etc..

Stipend and Benefits

See the VA website for additional details.

Stipend: Interns receive a competitive stipend paid in 26 biweekly installments. The first installment is paid at end of week three of the Internship (covering the first two weeks of duty). VA Internship stipends are locality adjusted to reflect different relative costs in different geographical areas. The stipend for the VA NWI Internship for 2023-2024 was just announced as **\$33,469** (or approximately \$1287 per biweekly pay period before taxes).

Benefits: VA Interns are eligible for health insurance (for self, spouse, and legal dependents) and for life insurance, just as are regular employees. With the recent Supreme Court decision, health benefits are now available to legally married same-sex partners. However, unmarried partners of either sex are not eligible for health benefits. Dental and vision insurance are also made available to interns if they wish to sign up for one or both. HR can also provide information about other benefits.

Holidays and Leave: Interns receive the 11 annual federal holidays. In addition, Interns accrue four hours of sick leave (SL) and four hours of annual leave (AL) for each full two-week pay period as an Intern, for a total of 104 hours of each during the year. As of this writing, the 2023-24 federal holidays are:

| | | |
|------|-------------------------------|------------------------------|
| 2023 | Labor Day | Monday, September 4th |
| 2023 | Columbus Day | Monday, October 9th |
| 2023 | Veterans Day | Friday, November 10th * |
| 2023 | Thanksgiving Day | Thursday, November 23rd |
| 2023 | Christmas Day | Monday, December 25th |
| 2024 | New Year's Day | Monday, January 1st |
| 2024 | Martin Luther King, Jr. B-Day | Monday, January 15th |
| 2024 | President's Day | Monday, February 19th |
| 2024 | Memorial Day | Monday, May 27 th |
| 2024 | Juneteenth | Wednesday, June 19th |
| 2024 | Independence Day | Thursday, July 4th |

* Note that federal holidays falling on a Saturday are observed on the previous Friday, and if on a Sunday then it is observed on the following Monday.

Authorized Absence: According to VA Handbook 5011, Part III, Chapter 2, Section 12, employees - including trainees - may be given authorized absence (AA) without charge to leave when the activity is considered to be of substantial benefit to VA in accomplishing its general mission or one of its specific functions, such as education and training.

Liability Protection for Trainees: When providing professional services at a VA healthcare facility, VA sponsored trainees acting within the scope of their educational programs are protected from personal liability under the Federal Employees Liability Reform and Tort Compensation Act 28, U.S.C.2679 (b)-(d).

NWI INTERNSHIP CLARIFICATION NOTE:

- 1) All trainees earn the same amount of AL and SL leave throughout the training year. As such, trainees with prior federal service will not earn leave at greater amounts than available to all other Interns, nor will trainees with prior federal leave be allowed to use leave at a rate greater than that available to all other Interns. In other words, the same amount of holiday, SL and AL will accrue regardless of amount of prior federal service, as described above.
- 2) See [NWI Intern Authorized Absence](#) below for a more in-depth description of the three types of NWI Internship defined discretionary authorized absence (AA) available to NWI Interns in their roles as trainees. These have been developed and defined within the discretion of the NWI Training Director and Chief of Psychology as being related to internship-related activities providing substantial benefit to the VA. These are divided into three categories to differentiate limited circumstances under which this is granted.
- 3) Interns are encouraged to save a significant amount of annual leave accrued and any travel-related AA granted if the Intern expects to travel to and from post-doc interviews and/or job interviews, as applicable. This may be less of an issue as post-COVID many postdoc and job interviews are likely to continue to be virtual.
- 4) Permission to take AL is not an entitlement. Requests for permission to take AL may or may not be granted depending on the trainee making expected progression towards successful completion of the program. Towards the end of the training year, this includes making reasonable plans to have all documentation completed before the last day of the training year. Certificates of Completion will not be granted if Interns have not finished all required clinical documentation as well as the NWI-defined off-boarding procedures.
- 5) Decisions to grant AA are discretionary, and as described below may include consideration of whether the Intern is also using available AL for these purposes. Per current VA Office of Academic Affiliations directives, any AL not used must be reimbursed to Interns leaving the VA at the completion of the training year. If there is no break in service and the Intern is going to another VA for post-doc or post internship employment, then the Intern can work with HR at both sites to try to arrange for AL and SL to be transferred to the new VA. Note that this requires the NWI HR to be informed by the other VA (not by the Intern); therefore, the Intern should work with the post-doc training director or the Chief of Psychology at the new VA to coordinate with NWI's HR in a timely manner to help ensure this happens. Whether or not there is a break in service, there may be a mechanism for SL to be transferred to a new VA (for example, if Interns go directly to a VA for post-doc or job, or if the Intern leaves the VA and then subsequently returns to VA service).
- 6) Before leaving the VA Internship and before transferring insurance at the post-Internship positions (whether post-doc or employment or if on extended leave without pay for whatever reason), Interns are encouraged to talk with NWI HR specialists about potential options (if any) and costs of extending health insurance coverage, as well as regulations about how to go about this, so Interns may make informed choices.
- 7) The following links provide general information, however, please note that some but not all of the following are applicable to stipend trainees (for example FMLA is not available to Interns). For more information about leave in general, please see: <https://www.opm.gov/policy-data-oversight/pay-leave/leave-administration/#url=Overview> . This webpage has a large number of links for specific situations. For example, for more

information about Sick Leave, please see <https://www.opm.gov/policy-data-oversight/pay-leave/leave-administration/fact-sheets/sick-leave-general-information/> . Again, some of these details may not apply to Interns.

- 8) To safeguard the APA accreditation of the Internship (and meet restrictive licensure requirements in some but not all states), Interns must be physically present on site on the first and last business day of the Internship; thus, Interns may not curtail their training year by 'saving' leave or AA days in order to finish the internship in less than the full 52-week time span.

NWI Intern Authorized Absence ***

There are three types of **discretionary** AA defined by the NWI Internship which may be granted. These related to activities deemed by the NWI Training Director and Chief of Psychology as providing substantial benefit to the VA and its educational mission. These three types of discretionary AA are not available to employees and have been given the following descriptors:

1. "five-day AA"
2. "travel-related equivalent time off AA"
3. "education-related AA"

All leave, including discretionary AA, must be requested through the Chief of Psychology (or by a process outlined by the Chief of Psychology) and should be planned to minimize absences during mandatory training experiences. Requests to use AA are not automatic (see below) and are not reimbursable or transferrable when leaving the Internship. They are also decisions made by the Internship and must be pre-approved.

1) **"5-Day AA"**

First, up to five days of AA (hereinafter **"5-days AA"**; 40 hours total) **may** be granted at the discretion of the Training Director and/or the Chief of Psychology taking into consideration the Intern's progress in training, clinical needs of the Intern's patient caseload, prior use of AA, use of other leave, etc. Per the decision of the NWI Training Director and Chief of Psychology, use of "5-days AA" is restricted to the following education-related purposes:
post-doc interviews, job interviews, and dissertation defense, and may not be used for other purposes.

2) **"Travel-Related Equivalent Time Off AA."**

The **second** type of discretionary AA granted through the Internship to trainees is **"travel-related equivalent time off AA."** Please note: Per VA Handbook 5007 Part II Chapter 2, Interns are not employees and therefore are not eligible for "comp time" nor "overtime pay" for engaging in over 40 hours of internship-related activities per week. However, travel is part of rural practice and NWI Doctoral Psychology Interns are required to engage in intermittent travel between rural facilities. As a result, the NWI Internship has elected to define a limited procedure entitled **"travel-related equivalent time off AA."** A limited number of "travel-related equivalent time off AA" **may be granted** provided the Intern is current with all Internship expectations and is designed to offset travel time outside the minimum required regularly scheduled tour of duty during which the Intern was actually in transit related to travel between VA training sites. This includes, for example, travel during the first two weeks orientation period as well as travel during assessment clinic Fridays and for didactics-related travel across NWI training sites. All such travel must have prior approval from the supervisor and Training Director.

We estimate over the course of the training year, up to 40 hours of “travel-related equivalent time off AA” may become available for Interns based in Lincoln, Grand Island and (if funded) Omaha, and possibly somewhat more for the Intern based in Norfolk.

Use of accrued travel-related “travel-related equivalent time off AA” is **allowed not only** for the purposes of the “five-days AA” (listed above) **but also for** the following education-related purposes:

dissertation data collection or writing, meetings with dissertation committee members, attending conferences or trainings (other than those encouraged by the Internship), visiting matched post-doc sites, or attending Intern doctoral graduation.

Other similar purposes can be considered on written request and rationale to the Training Director. Another use of “travel-related equivalent time off AA” that may be approved by the Internship might related to an Intern negotiating an **extended leave due to documented medical issues**.

3) **“Education-Related AA”**

The **third** type of discretionary AA, **“education-related AA”** is for situations where

- 1) the **Internship itself encourages or requires to Interns attend** a training or other educational training off-site, **and**
- 2) an Intern decides they would like to attend and requests for AA to attend the internship-encouraged training or educational activity, **and** then
- 3) does in fact attend the training or other suggested educational activity.

For example, when the internship offers Interns the opportunity to attend the Fall and Spring Conferences of the Nebraska Psychological Association (and **assuming** there are no reasons why the request for AA would not be granted e.g., the Intern is currently meeting all internship requirements, for example), then the AA hours granted would not be charged against the Intern’s “5-day AA.” Post-COVID NPA Fall and Spring Conferences have been virtual so no additional AA is required.

Facility and Training Resources

Interns matched to the NWI Doctoral Internship in Clinical Psychology for the 2022-23 training year are stationed at one of 3 training sites based on 3 Match numbers through the APPIC approved Internship Match and the National Matching Service (Our 4th site with 2 match numbers is not active for 2023-2024):

Grand Island VA, Lincoln VA, and Norfolk CBOC.

The NWI Mental Health and Behavioral Science Division has allocated adequate facilities conducive to a supportive training environment, with office space in Grand Island, and Norfolk. Interns have assigned physical office space in their base station with access to office space wherever they are providing care if away from their offices. They have access to computers in their home office and at other sites, as well as computer access in any temporary offices. Interns have access to telehealth equipment.

Interns based in Norfolk and Lincoln are typically assigned to their own office in which they are able to do both therapy and testing or other assessment. Interns based in Grand Island share a single office in which they do not meet patients. Instead, Grand Island-based Interns have access to private offices and conference rooms they can reserve for meeting with patients for therapy and testing or other

assessment. Interns at all locations have traditionally had their own desks, locking drawer space, separate phone numbers, and separate voicemail.

Library resources are also available to all Interns and include access to the VA Medical Library in Omaha with interlibrary loan clerk assistance, as well as the VA's access to electronic library databases. Local resources also include the medical libraries associated with the University of Nebraska Medical Center in Omaha, UNO, and UNL. VA nationally has significant access to electronic copies of major journal and treatment manual publications as well that can be downloaded on an as needed basis.

Various psychological tests and other assessment materials are provided for use at the various training sites. In addition, there is an increasing 'library' of key books designated for Intern use (in their offices) at each training site.

Each Intern may access their VA computer files from any VA computer within the NWI system and may apply to the VA Administration for remote computer access if approved by the Chief of Psychology.

Use of VA station cars is available in Grand Island, Lincoln, and Norfolk through a formal request process. When station cars are not available, mileage is reimbursed for pre-approved travel at the current federal rate. Reimbursement rates typically change each year. For FY 2022 the rate is \$0.585 (58.5 cents) per mile, but this rate fluctuates each calendar, sometimes upward and sometimes downward. For more information, see: <https://www.irs.gov/tax-professionals/standard-mileage-rates>. If Interns choose to travel using their personal vehicle instead of an available VA station vehicle, it is possible mileage may be available for pre-approved travel but if so at a much lower rate (e.g., in 2022 around \$0.17 per mile).

Policies and Procedures

The NWI Internship program adheres to and makes available to all interested parties formal written policies and procedures that govern Intern selection; practicum and academic preparation requirements; administrative and financial assistance; Intern performance evaluation; feedback, advisement, retention, and termination; and due process and grievance procedures for Interns and training staff.

Our privacy policy is clear: We will collect no personal information about you when you visit our website.

Training Staff

The Internship Faculty/Supervisors are listed for each of the training sites along with site-specific information and may be found using the links below. Note the staff with * by their name are part time staff.

[Grand Island-based Psychology Staff:](#)

[Lincoln-based Psychology Staff:](#)

[Norfolk-based Psychology Staff:](#)

[Omaha VAMC Psychology Staff:](#)

NWI Facilities/Training Site Information:

The map below of the eastern half of the state of Nebraska offers a sense of where the main NWI facilities/training sites are in relation to each other. Drive times estimated are in good weather on dry roads; more time should be allowed under varying weather conditions.

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Roughly speaking, the Grand Island VA is almost exactly 100 miles (parking lot to parking lot) from the Lincoln VA, and takes approximately 2 hours' drive-time in good weather.

The Norfolk CBOC is approximately 2.25 to 2.5 hours' drive-time from each of the other sites (Grand Island VA, Lincoln VA and Omaha VAMC) depending on your route and driving habits. Because there is little if any interstate travel, weather conditions may make a more significant impact on drive times to and from Norfolk.

The Omaha VAMC is almost exactly 50 miles (parking lot to parking lot) east of Lincoln VA and about 50 minutes' drive time in good weather



For winter driving conditions in Nebraska, see: <http://www.511.nebraska.gov/atis/html/index.html> which is updated frequently by the Nebraska State Patrol to describe current road conditions. There is also a "511 Nebraska" smart phone app that provides the same information.

Site-Specific Training Experiences

Go to [Shared Attributes Across Training Sites](#) for aspects of training that is shared across training sites or for additional information go to the [Table of Content Links](#) or [Top of the Document](#). Links to the three training sites as well as the Omaha VAMC resources are also found below:

[Grand Island VA](#)
[Lincoln VA](#)
[Norfolk CBOC](#)
[Omaha VA Medical Center](#)

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Grand Island VA

2 Internship Positions

Track 221711 : “NWI - Rotation Based – Grand Island VA”



Grand Island VA Medical Center
2201 No. Broadwell Avenue
Grand Island, NE 68803-2196

Phone: 308-382-3660
Or 866-580-1810

The Grand Island VA sits on a picturesque parcel of land, is easily accessible, and has plentiful parking. The Grand Island VA is 100 miles west of the Lincoln VA (parking lot to parking lot) and about 150 miles west of Omaha.

Known locally as the “Grand Island VA,” the Grand Island training site is technically a very large CBOC (Community Based Outpatient Center) but may also be considered to be a hospital due to having residential services. In the 1990’s the Grand Island VA, along with the Lincoln VA and the Omaha VA – all then freestanding VA hospitals - merged into the VA Nebraska-Western Iowa HCS (NWI). Inpatient medical and psychiatric services, surgical services and medical specialty care consolidated in the Omaha VAMC. The Omaha VAMC is a full-service VA Medical Center with NWI’s only 24-hour emergency services department. The Omaha VAMC also houses NWI’s higher echelon administrative structure. Since the 1990’s, services at the Grand Island VA have included outpatient mental health, outpatient primary care, and two residential programs: a rehabilitative/nursing home known as a Community Living Center (CLC) and substance use residential rehabilitation treatment program (SA-RRTP).

Mental health services in Grand Island include both General Mental Health (with one psychologist and several clinical social workers), and PTSD focus within General Mental Health (which includes one psychologist identified as a “PTSD Specialist”). There is also one psychologist and licensed practicing counselor (LPC) integrated into Primary Care (PCMHI). The PCMHI psychologist also serves the residential substance abuse treatment unit (SAARTP) in Grand Island (18 beds). In addition, a psychologist functions part time within the treatment team in the 54-bed CLC skilled nursing home which accepts referrals from across the NWI system, although for Veterans living far afield it is preferred that they utilize a nursing home in the Veteran’s home community if possible. That psychologist’s other half-time function is to do telehealth interventions. Grand Island provides more telehealth training to Interns than other sites because of this.

Approximately 80% of the individual Veterans seeking services of any kind at the Grand Island VA are from rural or highly rural counties. Approximately 80% of the in-person, face-to-face mental health encounters in Grand Island are with Veterans from rural areas, with an additional approximately 10% from highly rural areas. Urban referrals to the Grand Island facility are typically to the Substance Use Residential Rehabilitation Treatment Program (SA-RRTP). In addition, some Veterans from urban areas may spend time at the Grand Island CLC for annual care-giver (and Veteran) respite stays.

Grand Island Rotations

The following provides specific information that is site-specific to the Grand Island VA training site. See [Shared Attributes of Across Training Sites](#) for aspects of training shared across training sites.

Outpatient General Mental Health (GMH) - This is a general outpatient clinic providing a full range of mental health treatment to Veterans diagnosed with mental health disorders including mood and anxiety disorders (other than PTSD) and psychotic disorders. One of the psychologist positions in Grand Island is unfilled at this writing. As a result, the primary rotation supervisory duties in GMH are currently shared by Drs. Duke and Krebs. Dr. Duke is also the primary supervisor of the PCMHI. Dr. Duke had been the GMH primary supervisor for many years before transferring into PCMHI. Dr. Jennifer Tevlin is the supervisor of the PTSD rotation. In addition, the Intern has access to Dr. Diane Todd, not only in her role as Assessment Clinic supervisor, but also due to her superb clinical skills generally and her duties as a telehealth specialist and Community Living Center psychologist.

Interns provide individual and group psychotherapy, initial evaluations, team consultation, and diagnostic assessment. Interns gain exposure to evidence-based treatment modalities including CBT and ACT etc., as well as other evidence-supported interventions. Group interventions will be part of the General Mental Health Rotation. Interns also learn to develop treatment plans and interventions that are aligned with Veterans' individualized preferences and goals. The clinic's interdisciplinary team consists of psychologists, social workers, mental health nurse practitioners, clinical pharmacists, and psychiatrists. There are opportunities for interdisciplinary collaboration and honing skills for working in interdisciplinary settings. Interns participate in morning interdisciplinary mental health clinic treatment team meetings (sometimes called "huddles"), as well as larger monthly interdisciplinary mental health meetings. NWI also implemented outpatient mental health teams (Behavioral Health Interdisciplinary Program teams - BHIP), with current Interns as active participants. Through their participation on BHIP teams, Interns learn through experience and supervision discussions how teams provide a means of leveraging the expertise of individual members and provide recovery-oriented, evidence-based treatments for mental health issues presented by Veterans.

There is significantly more access to substance abuse treatment training in Grand Island than at the other two training sites, due to the presence of the Substance Abuse Residential Rehabilitation Treatment Program (SARRTP). There is no separate substance abuse rotation, as this is incorporated with the General Mental Health rotation. However, Interns may discuss extending their SUDP experiences through a limited use of elective hours outside the GMH rotation. While on the GMH rotation, Interns based in Grand Island have the opportunity to work with patients from the SARRTP. SARRTP is a residential treatment program for patients with problems with alcohol and other drugs. This multidisciplinary unit treats both drug and alcohol dependent patients with the understanding that many of the patients also suffer with a variety of mental health problems. The treatment program aims to improve the quality of life for veterans by integrating substance abuse services with evidence-based psychological services with a strong emphasis on the practice of mindfulness. The program emphasizes individual and group psychotherapy. Substance use treatment and psychological services are integrated into a program which consists of the principles of bio-psychosocial rehabilitation, combining pharmacological, psychological, educational, and social interventions to assist the veteran in recovering a healthy lifestyle and to establish a meaningful role in the community. Psychology Interns in the Grand Island General Mental Health rotation typically have the opportunity to receive training in group therapy, individual therapy, clinical interview assessment, and psychodiagnostic testing.

Post-Traumatic Stress Disorder - Treatment for PTSD (military/combat and non-military/combat) in Grand Island is conducted by clinicians from the General Mental Health Clinic who specialize in trauma treatment. This rotation has previously been supervised by Dr. Krista Krebs, who is also a co-facilitator of the VISN-23 PTSD Mentors Workgroup and Chief of Psychology for NWI. In 2021-22, the PTSD rotation supervision has been transferred to Dr. Jennifer Tevlin. Drs. Krebs and Tevlin are VA-certified in Prolonged Exposure (PE) and Cognitive Processing Therapy (CPT). Grand Island-based Interns may have greater opportunity to shadow clinicians certified through the VA in PE and CPT than elsewhere in the NWI Doctoral Internship in Clinical Psychology. Training is done through involvement in individual therapy and trauma-focused group therapies (tentative to availability). If available and as directed by their Primary Rotation supervisor(s), Interns are also involved in various therapies for Veterans not ready or otherwise not appropriate for more direct trauma work. In addition, Interns will be involved in all aspects of

treatment including diagnostic assessment, treatment planning, individual psychotherapy, and group psychotherapy.

Primary Care - Mental Health Integration (PCMHI) - The PCMHI rotation experience is somewhat different in Grand Island from the PCMHI rotation experience in Lincoln and the year-long experience in Norfolk. This rotation is supervised by Dr. David Duke.

NWI has been a leader in Primary Care - Mental Health Integration, with psychologists, social workers, and psychiatrists integrated into our primary care clinics. The Grand Island PCMHI team uses a co-located collaborative care model and interacts extensively with Primary Care staff including physicians or allied health providers, nursing, pharmacy, dieticians, social work and medical support staff. Primary care staff in Grand Island often contact the PCMHI team to either meet a patient while in the primary care office, or to enlist assistance with consultation or liaison services. Primary Care medical providers request help with a variety of needs or issues related to lifestyle and behavioral difficulties, such as medical compliance and health promoting practices; coping with illness or chronic diseases, pain management, sleep difficulties, crisis situations, coordination of care, and brief treatment of psychological conditions.

The Grand Island PCMHI rotation offers training in individual assessment and brief intervention, as well as group psychoeducation. Interventions may include: crisis management, relaxation training, smoking cessation, weight management, chronic illness self-care, goal setting, short-term psychotherapy, motivational interviewing, problem-solving groups, behavioral self-analysis and assertive communication training. The PCMHI Rotation emphasizes training in consultation skills, effective clinical communications, and health coaching practices. Interns also develop skills in educating medical staff from an array of professional backgrounds through the provision of in-services and brief consultation. The PCMHI Rotation requires familiarity with medical syndromes; psychological problems that impact medical care outcomes; and methods of communication to which medical providers are responsive; thus, Interns receive extensive exposure to appropriate methods of written, electronic, and verbal interdisciplinary communication, report writing and other documentation.

Interns in the Grand Island PCMHI Rotation are involved in all aspects of treatment, including diagnostic assessment, consultation, individual psychotherapy, and group psychotherapy, as well as program development and team building practices key to the PCMHI role. Interns also attend Patient Aligned Care Team (PACT) meetings, as well as team led huddles to enhance exposure to effective communication and interprofessional team processes.

Evidence-based psychotherapies learned in the PCMHI rotation typically include CBT for Insomnia (CBT-I) and other sleep interventions, as well as CBT for Chronic Pain (CBT-CP). Interns lead group therapies such as Brief Problem-Solving Therapy, Sleep Education group, and - if they choose - a 4-session Depression group. A significant training activity is Interns' participation in the weekly Interdisciplinary Pain Clinic, a specialty clinic serving Veterans with complex cases of chronic/intractable pain, with interested Interns working alongside the Whole Health Psychologist involved in this clinic, subject to availability (this position is currently vacant). With supervision, Interns might conduct chronic pain assessments / evaluations, provide brief intervention, and assist with coordination of psychological care for patients with chronic pain. Interns will also be able to assist with the multidisciplinary psychoeducational class, Chronic Pain 101, as well as co-facilitate "Managing Chronic Pain" therapy groups. The Chronic Pain 101 includes a telehealth component with Veterans participating from several sites and offers information about effective pain management and includes topics about stress, activity pacing, living a balanced lifestyle, cognitive restructuring, anger management, assertiveness, family dynamics, and relapse prevention. A variety of treatment modalities are utilized within Pain Psychology.

One of the interventions offered through PCMHI is weight management. At the VA this program is called MOVE. MOVE is a national weight management program designed by the VA National Center for Health Promotion and Disease Prevention (NCP), a part of the Office of Patient Care Services. MOVE is a multi-stepped model of increasingly intensive interventions designed to help Veterans lose weight, keep it off and improve their health. MOVE features five levels of care, ranging from individual counseling and

dietary intervention, group psychoeducation, medication management for weight loss, Very Low Calorie Diet programs, to bariatric surgery. NWI is the only site in the upper Midwest offering all five levels of intervention. Interns may be involved with psychological assessment and individual/group interventions. Interns will be exposed to evidenced based health behavior interventions, Motivational Interviewing (MI) and CBT. Interns may participate in interdisciplinary team meetings and staff education. Very occasionally, Interns might be able to be involved in Bariatric pre-surgical evaluations, although these do not arise often. The NWI MOVE program offers a weekly group to Veterans at all NWI locations, connecting them via telehealth. Facilitators/presenters rotate and the PCMHI Psychologist does presentations occasionally.

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Grand Island Assessment Clinic

This year-long training experience involves neurocognitive screenings and psychodiagnostics assessments, as well as occasional pre-surgical assessments. Currently, Dr. Diane Todd is the Assessment Clinic supervisor across all rotations in Grand Island. She is backed up by the other Grand Island psychologists who have excellent assessment skills as well, as they previously rotated through the Assessment Clinic supervision role for the 5 years prior to Dr. Todd taking over in 2016.

Please see the general requirements for the Assessment Clinic for all Interns at all training sites for additional details. In addition to gaining “area level” supervision status early in the training year, at some point in the training year, each Grand Island-based Intern is required to demonstrate basic competencies (essentially equivalent to “area level” supervision) in the administration and interpretation of additional required measures that are typically used in the Polytrauma battery, e.g. WAIS-IV, CVLT-II, BVMT-R, WCST, and RCFT. However, only those who opt to be involved with Polytrauma evaluations (where available) actually administer the Polytrauma battery measures.

Grand Island-based Interns may or may not have opportunities to administer these measures for an actual evaluation of a Veteran, depending on opportunity. The Grand Island-based Interns may choose to administer parts of this battery in individual cases in Grand Island under the supervision of their Grand Island Assessment Clinic supervisors and may request consultation from the Polytrauma psychologist who is often present during Assessment Clinic group supervision via V-tel. Occasionally the Polytrauma psychologist – sometimes accompanied by an Omaha-based Intern - travels to Grand Island to administer the battery, at which times Grand Island-based Interns may be invited to observe or to administer under the Polytrauma psychologist’s observation depending on the Intern’s demonstrated competencies. Whether or not those opportunities arise, Interns in Grand Island prepare by practice administering the tests with fellow interns and supervisors during individual and/or group supervision. In addition, they are given access to samples of completed protocols and reports which they may review and discuss in order to obtain basic competencies. Provided the neuropsychologist is available, Grand Island-based Interns interested in improving their neuropsychological skills may request to use some of their elective time to write reports under the Polytrauma neuropsychologist’s supervision, basing their report on test administered by the neuropsychologist or other clinician acting as their psychometrist.

See [Assessment Training](#) for further details about the Assessment Clinic shared across all NWI Internship training sites.

Other experiences that Grand Island-based Interns may choose to incorporate into the primary rotations/Assessment Clinic are:

Community Living Center (CLC) - The CLC for NWI is housed in the Grand Island VA. The mission of the CLC is to provide compassionate care to eligible Veterans with sufficient functional impairment to require this level of care. Veterans with chronic stable conditions including dementia, those requiring

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rehabilitation or short-term specialized services such as respite or intravenous therapy, or those in need of comfort and care at the end of life are served in the CLC. A full-time psychologist, Dr. Diane Todd, provides 0.5 FTE as part of the CLC multi-disciplinary team, providing cognitive and psychological assessments and team consultation. Interns may also gain experience in interventions that assist Veterans and families cope with death and dying issues.

Access to the Grand Island CLC provides Interns interested in geriatric care a wealth of experiences related to skilled nursing facilities. This also applies to non-geriatric Veterans with significant health issues more generally. Interns may be involved with the CLC for assessment Clinic referrals during the year-long Assessment Clinic. They may be involved with CLC patients during the General Mental Health rotation, providing psychotherapy for residents due to any number of psychiatric issues, and during the PTSD rotation due to trauma-related issues. When on PCMHI rotation Interns are not likely to see Veterans from the CLC. They are however very likely to see Veterans from the local state-run Veteran's Home or community skilled nursing facilities who are seen on-site at the Grand Island VA.

'Elective' Hours

Interns at all training sites may request to use 'elective' hours in which they may further individualize their training program. 'Elective' experiences must be approved by the primary supervisors and Assessment Clinic supervisors, as the Intern must be meeting all other Internship expectations before using 'elective' hours. Please see details at the following [Shared Attributes of Training Sites](#).

Grand Island-based Psychology Supervisory Staff:

1. David L. Duke, Ph.D. (Auburn University 2004). Grand Island. VA since January 2011. Mental Health in Primary Care Integration (0.5 FTE); Substance Abuse Recovery and Rehabilitation Treatment Program (SARRTP, 0.5 FTE). Co-supervises General Mental Health rotation pending licensing of graduate psychologist. 5-8 hours/week devoted to Internship. Duties include Pain Clinic, Sleep Groups, SAARTP. Other Clinical interests include SMI, mindfulness skill training, ACT, substance use, couples' therapy, and ethical decision-making in psychotherapy.
2. Krista K. Krebs, Ph.D. (Iowa State University 2000). Grand Island. VA since 2007. PTSD Specialist and acting Grand Island Site Supervisor, as well as Co-PTSD Mentor for VISN 23. Co-supervises General Mental Health rotation pending licensing of graduate psychologist. 8-10 hours/week devoted to internship. Duties include PTSD screening and intervention. Clinical/Research interests include Prolonged Exposure Therapy, Cognitive Processing Therapy, Acceptance and Commitment Therapy, neuropsychological screening. Research interests include PTSD, ACT, moral injury and impact of killing on PTSD symptoms, group and individual therapy via telemental health technologies, rural mental health issues. Part-time faculty at Capella University.
3. Diane L. Todd, Ph.D. (Oklahoma State University 1997). Grand Island. VA since 2012; beginning in Tomah, WI; transferred to Grand Island in April of 2015. Clinical psychologist in Outpatient Mental Health, providing outpatient services primarily through telemental health to Veterans through local CBOCs (community-based outpatient clinic) and/or at home (using VA technology similar to a secure version of Skype). Veterans agree to be seen using this system because it is the most convenient (or only feasible) option for them. Services provided are intended to be as close as possible to the traditional, in-office therapy experience as possible. Psychologist supporting the Community Living Center (CLC); providing an array of services, including individual counseling, cognitive assessment, consultation, and interdisciplinary team duties. Assessment supervisor for NWI's Doctoral Psychology Internship. Helps explore the world of assessment, augmenting experiential learning with role plays of various testing/assessment scenarios. Clinical interests include CBT, Interpersonal therapy (IPT), serious and persistent mental illness (SMI), the intersection of personality (broadly defined) and change.

4. Jennifer Tevlin, Ph.D. (Washington State University, Counseling Psychology, 2019). Grand Island. VA since 2018, beginning with internship at the Boise VA, then being hired as a graduate psychologist at the Grand Island VA as a "PTSD Specialist." In fall 2021, Dr. Tevlin was independently licensed in the state of Nebraska and began supervising the PTSD rotation. Clinical interests include trauma-focused evidence-based psychotherapies, adjunctive trauma-focused treatments, process-oriented interventions, and attention-deficit hyperactivity disorder (ADHD). Research interests include PTSD, moral injury, rural mental health issues, ADHD, topics related to the lived experience of multiracial individuals, and diversity and social justice-related concerns.

Go to [Shared Attributes Across Training Sites](#) for aspects of training that is shared across training sites or for additional information go to the [Table of Content Links](#) or [Top of the Document](#).

See also:

[Grand Island VA](#)
[Norfolk CBOC](#)
[Omaha VA Medical Center](#)

Lincoln VA

1 Internship Position **Track 221712: “NWI - Lincoln VA”**



Lincoln VA Clinic
 420 Victory Park Drive
 Lincoln, NE 68510

Phone: 402-489-3802
 Or 866-851-6052
 Fax: 402-486-7858



There a new Lincoln VA building which opened in March of 2020 on the same campus as the former Lincoln VA. There is plentiful parking, and is easily accessed as it is located near two major streets on the eastern side of Lincoln. The former Lincoln VA building (pictured above right) was dedicated in 1930 and as such is one of the oldest VA hospital buildings in the United States, listed in the National Registry of Historical Places. Parking lot to parking lot, the Lincoln VA is approximately 100 miles east of the Grand Island VA, 120 miles south-southeast of Norfolk, and 50 miles west of the Omaha VA.

Known locally as the “Lincoln VA”, the Lincoln training site is in fact a very large community-based outpatient clinic (CBOC) that serves such a large number of Veterans it classifies as a “Super CBOC” with no residential services. In the 1990’s the Lincoln VA, along with the Grand Island VA and the Omaha VA – which had each been freestanding VA hospitals - merged into a single entity - the VA Nebraska-Western Iowa HCS (NWI). Inpatient medical and psychiatric services, surgical services and medical specialty care consolidated in the Omaha VAMC. The Omaha VAMC is a full-service VA Medical Center with NWI’s only 24-hour emergency services department. The Omaha VAMC also houses NWI’s higher echelon administrative structure. Lincoln VA patients needing more intensive services are sometimes served at the Omaha VAMC or in one of the two residential programs at the Grand Island VA.

Since the merger into NWI in the 1990’s, the Lincoln VA (“Super-CBOC”) provides only outpatient medical and mental health care. Services include a large primary care service, with some limited specialty care with more medical specialty care available through the Omaha VAMC or in the community. The Lincoln VA provides extensive outpatient behavioral health services, such as individual, group, and family counseling through the General Mental Health clinic as well as Primary Care Mental Health Integration.

Approximately 40% of the individual Veterans seeking services at the Lincoln VA are from rural counties; approximately 40% or so of all in-person, face-to-face mental health encounters are with patients from rural areas, with another 3% or so from highly rural areas. The Lincoln VA was already a primary telemental health service delivery site to rural areas, and this has only increased with the COVID pandemic.

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The Lincoln VA offers Interns an array of clinical experiences. Mental Health Services in Lincoln include a General Outpatient Mental Health Clinic, a specialized PTSD clinic, referred to as a “PCT (please see below), an outpatient Substance Abuse Clinic, Mental Health in Primary Care Integration, Pain, and Telemental Health. The Lincoln VA serves Veterans of all ages including a large number of geriatric Veterans with a variety of mental and medical needs. A number of these Veterans seek neurocognitive evaluations related to possible dementia. Some also participate in group and individual psychotherapy, as well as psychoeducation for families caring for Veterans.

Lincoln used to have three Interns, then two in 2020-21 and one in 2021-22 training years. Only one internship position is being offered for the 2023-24 training year due to both space considerations and availability of supervision.

Although Dr. Ritchie, the former Training Director as well as the only neuropsychologist in NWI, may or may not be retired by the time the 2023-24 training class arrives, please note that many NWI psychologists have excellent psychodiagnostics and neurocognitive assessment skills without formal neuropsychology training. Dr. Ritchie routinely makes herself available either virtually or in person to all NWI Interns across training sites.

Lincoln Rotations

The following provides specific information that is site-specific to the Lincoln VA training site. See [Shared Attributes Across Training Sites](#) for aspects of training shared across training sites.

Outpatient General Mental Health (GMH) - This is a general outpatient clinic providing a full range of mental health treatment to Veterans diagnosed with mental health disorders including mood and anxiety disorders and psychotic disorders. Staff include psychiatry, social work, nursing (RN and APRN), and clinical pharmacy, in addition to psychology, in addition to a mental health peer specialist. The Lincoln-based Intern provides individual and group psychotherapy, initial intake evaluations, team consultation, and diagnostic assessment. Interns typically gain exposure to evidence-based treatment modalities including CBT for Depression and ACT, as well as other evidence-supported interventions, although with Dr. Bockoven's retirement ACT training may decline at least temporarily; that said Interns with prior ACT experience are not barred from continuing in this mode with supervisor permission.

Interns also learn to develop treatment plans and interventions that are aligned with Veterans' individualized preferences and goals. We currently have psychologists, social workers, mental health nurse practitioners, and psychiatrists integrated into our outpatient mental health clinics enhancing opportunities for interdisciplinary collaboration and honing skills for working in interdisciplinary settings. Interns are active participants in a weekly interdisciplinary mental health clinic treatment BHIP team meeting (teams (Behavioral Health Interdisciplinary Program teams), as well as larger monthly interdisciplinary mental health meetings. Through their participation on BHIP teams, Interns learn through experience and supervision discussions how teams provide a means of leveraging the expertise of individual members and provide recovery-oriented, evidence-based treatments for mental health issues presented by Veterans.

Lincoln's Outpatient General Mental Health Clinic provides Interns with individual psychotherapy experiences, with fewer groups since the onset of COVID. Interns in the GMH rotation primarily receive training in Cognitive Behavioral Therapy (CBT) particularly CBT-Depression. Less frequently, training in Marital/Couples Therapy may be available. One established group that Interns are encouraged to co-facilitate is the interdisciplinary telehealth group “Cognitive Behavioral Therapy for Tinnitus” along with Dr. Jerry Bockoven, primary GMH rotation supervisor, and an audiology provider. Unfortunately, Dr. Bockoven retired in December 2020 and the primary ACT and CBT-Tinnitus provider in Lincoln, so if available this would be supervised by other providers.

Interns with an interest in substance use disorders have in the past been able to make arrangements through the GMH supervisor to participate in Seeking Safety and other substance abuse-related services. There is no separate SUDP rotation, so in addition to engaging in substance abuse interventions as part of the GMH experience, Interns may also discuss extending SUDP experiences through a limited elective outside the GMH rotation. One psychologist is actively involved in the SUDP program, leading Seeking Safety groups as well as Anger Management groups. It is unclear at this time whether SUDP will continue to be co-located with MH in the new Lincoln VA building.

Similar to the other rotations, Interns in the GMH rotation must complete a project during the course of the rotation. This may involve developing a new group, completing a program evaluation project, or developing recommendations for improving groups or processes within the outpatient mental health service, etc. Interns are counselled to take the first several weeks observing and noting any gaps in services or inefficient processes that could be improved upon, then discussing the proposed project in supervision before embarking.

Post-Traumatic Stress Disorder - The PTSD Care Team (PCT) provides specialized mental health treatment to Veterans who have a diagnosis of PTSD due to trauma during in the military service. The PCT team, including the Intern, attends the weekly BHIP meetings and participates in their interdisciplinary discussions. Dr. Cameron White supervises the Intern for PTSD intakes, CPT, and to fill in (for diversity of training) to supervise CBT-D cases.

Our experience has been that Lincoln-based Interns have no difficulty getting supervised experience offering Cognitive Processing Therapy (CPT) in individual therapy. The psychologists in the PCT, as well as some of the psychologists and social workers in the General Mental Health clinic are trained in CPT (and VA certified). Lincoln-based Interns will have the opportunity to shadow clinicians certified through the VA to provide Prolonged Exposure (PE) to the extent this is available and with Veteran permission.

Interns in the PTSD rotation are typically required to participate in Dialectic Behavior Therapy (DBT) Skills Group, co-leading alongside an experienced DBT clinician. However, if there are new NWI staff who need DBT training, they may also take precedence over trainees. Sometimes other factors interfere. The DBT Skills Group utilizes a hybrid V-tel model in which groups are combined across sites via V-tel. Interns participating in DBT in any manner attend the weekly DBT Consultation meeting in which DBT providers from both Lincoln and Grand Island consult about cases, provide support to each other related to difficult situations not uncommon in DBT populations, and continue to learn from each other. Interns with a particular interest in DBT may request to do individual DBT therapy if deemed appropriate by the PTSD supervisor and part of the Intern's individualized training plan. Generally, this requires a commitment beyond the bounds of a single rotational period, and specifically at least 6 months. Post-COVID the DBT Skills Group stopped for a while but at this writing has or will soon get started back up as one of the few in-person group at each end of the hybrid model.

Lincoln-based Interns are involved in all other aspects of PTSD treatment including diagnostic assessment, treatment planning, individual psychotherapy, and group psychotherapy. Pre-COVID Interns typically quickly took ownership of providing weekly psychoeducational groups for Veterans and their spouses (or other supports); these have mostly stopped post-COVID, so most intervention is individual at this point, whether in person or via telemental health.

Similar to the other rotations, Interns in the PCT rotation must complete a project during the course of the rotation. This may involve developing a new group, completing a program evaluation project, or developing recommendations for improving groups or processes within the PCT, etc. For example, the configuration of the former PTSD Education Group / PTSD Coping Skills series was an adaptation of what used to be an 8-session series, adapted by one of the prior Interns in a successful effort to make start point of therapy more readily available to Veterans as they present themselves to the clinic. Another year two Interns collaborated to create a 4-session Imagery Rehearsal for Nightmares therapy group which pre-COVID continued as an Intern option since that time in the PCMH rotation.

Primary Care - Mental Health Integration (PCMHI) – Experience with PCMHI may be available as an ‘elective’ for Interns meeting all other internship expectations. As with other Primary Care settings throughout the VA, primary care services in Lincoln are based on a collaborative care model. The primary supervisor for the PCMHI training is Dr. Rose Esseks. As of 2020-21, Pain Clinic (coordinated by Whole Health) is no longer a standard part of the PCMHI experience. Instead the Pain Clinic now requires interested Interns to make a formal application indicating why they are interested and an outline of training goals, if they are interested in participating in this aspect of PCMHI. The Lincoln psychologist is a former Intern who did a postdoc in Pain Psychology and worked elsewhere before returning to NWI; Dr. Krista Crowe has particular expertise in biofeedback as well as Mindfulness Based Symptom Reduction interventions. If their application is accepted, Interns participate in the weekly Interdisciplinary Pain Clinic, a specialty clinic serving Veterans with complex cases of chronic/intractable pain. With supervision, Interns could be asked to conduct chronic pain assessments / evaluations, provide brief intervention, and assist with coordination of psychological care for patients with chronic pain.

Primary Care staff includes physicians or mid-level providers, nursing, pharmacy, dieticians, social work and medical support staff, in addition to psychology. Although primary care staff’s contact with the Lincoln PCMHI psychologist has typically involved referrals rather than more instantaneous access through use of a beeper as in Grand Island, this has been changing in recent years. As such, Interns may be increasingly involved in carrying a pager and be available for immediate consultation and patient access (similar to the experience of Interns in the Grand Island PCMHI rotation). Referrals involve a variety of needs or issues related to lifestyle and behavioral difficulties, such as medical compliance and health promoting practices; coping with illness or chronic diseases, crisis situations, coordination of care, and brief treatment of psychological conditions.

As in Grand Island, Lincoln-based Interns getting PCMHI training also develop skills in educating medical staff from an array of professional backgrounds through the provision of in-services and brief consultation.

PCMHI offers Interns an experience in providing brief, evidence-based treatments to patients referred from primary care, collaborative, team-based care, and a variety of pain and insomnia treatment options. The PCMHI rotation also affords regular interdisciplinary consultation with nurses, physicians, and mid-level providers. Interns in the PCMHI Rotation are involved in all aspects of treatment, including diagnostic assessment, consultation, individual psychotherapy, and (if available) group psychotherapy, as well as program development.

PCMHI requires familiarity with medical syndromes; psychological problems that impact medical care outcomes; and methods of communication to which medical providers are responsive. Thus, Interns can opt to receive extensive exposure to appropriate methods of written, electronic, and verbal interdisciplinary communication, report writing and other documentation. Consultation skills learned through PCMHI are felt to be important for success in any practice of modern psychology, including for those going into seemingly different fields such as neuropsychology.

PCMHI offers individual assessment and brief intervention, as well as group psychoeducation. Individual evidence-based psychotherapies used by Interns in a PCMHI experience typically may learn CBT for Insomnia (CBT-I), CBT for Chronic Pain (CBT-CP), and Motivational Interviewing. Other individual interventions may include: relaxation training, smoking cessation, weight management, chronic illness self-care, goal setting, problem solving, behavioral self-analysis, assertive communication training, and short-term psychotherapy for depression, anxiety and other disorders.

Depending on scheduling, there may be some limited contact with the MOVE program, a national weight management program designed by the VA National Center for Health Promotion and Disease Prevention (NCP) as part of the Office of Patient Care Services. MOVE is a multi-stepped model of increasingly intensive interventions designed to help Veterans lose weight, keep it off and improve their health. MOVE features five levels of care, with individual counseling and dietary intervention, group psychoeducation, medication management for weight loss, Very Low Calorie Diet programs, and bariatric surgery. NWI is the only site in the upper Midwest offering all five levels of intervention. The NWI MOVE program offers

a weekly group to Veterans at all NWI locations, connecting them via telehealth – which was also true pre-COVID. Facilitators/presenters rotate and the PCMH Psychologist or Intern do presentations occasionally.

Interns may be involved with psychological assessment (separate from the Assessment Clinic). Interns are exposed to evidence-based health behavior interventions, including formal and informal assessments within Motivational Interviewing (MI) and CBT. Interns may participate in interdisciplinary team meetings and staff education. Very occasionally, Interns might be able to be involved in Bariatric or Spinal Cord Stimulator pre-surgical evaluations, although opportunities for these are limited.

Lincoln Assessment Clinic

The Assessment Clinic is a year-long training experience which involves neurocognitive screenings as well as more complex neuropsychological assessments. In 2021022, the Lincoln-based Intern spends two hours on Monday mornings doing assessment under Dr. Ritchie but may occasionally do assessment on Friday under Dr. Esseks.

Please see the general requirements for the Assessment Clinic for all Interns at all training sites for additional details.

Overall, Lincoln-based Interns learn to administer and interpret a number of required and optional cognitive assessment instruments over the course of the training year, similarly to those learned in the other training sites. Much of the first two weeks of orientation and training is devoted to ensuring that each Intern is at (or close to) the skill level for attaining “area level” supervision status regarding a basic clinical interview and administering a basic neurocognitive battery including the RBANS, Trail Making, Clock Drawing, Phonemic and Semantic Verbal Fluency (aka COWAT; aka “FAS” & “Animals”) and TOMM, in addition to other screeners such as the MOCA.

See [Assessment Training](#) for further details about the Assessment Clinic shared across all three NWI Internship training sites.

‘Elective’ Hours

Interns at all training sites may request to use ‘elective’ hours in which they may further individualize their training program, provided they are meeting all the basic requirements of the rotation/internship. ‘Elective’ experiences must be approved by the primary supervisors and Assessment Clinic supervisors, as the Intern must be meeting all other Internship expectations before using “elective” hours. Please see details at the following link: [Shared Attributes Across Training Sites](#).

Lincoln-based Psychology Staff:

1. Krista Crowe, Psy.D. (Midwestern University, Glendale 2015). Lincoln VA. Health Behavior Coordinator, Whole Health Staff Psychologist. VA staff since 2018; completed VA NWI internship and VA postdoctoral fellowship in 2015 and 2016, respectively. 0-4 hours/week devoted to internship. Primary duty is to provide behavioral health and psychological treatment for health conditions such as chronic pain, insomnia, diabetes and hypertension as well as providing Motivational Interviewing training and clinician coaching to hospital staff. Clinical interests include health psychology, pain psychology, interdisciplinary care, biofeedback, and Complementary and Integrative Health (CIH) interventions. Research interests include interdisciplinary care outcomes and psychological treatment of physical conditions.
2. Rosemary J. Esseks, Ph.D. (University of Nebraska-Lincoln 2003). Lincoln. VA since August 2010. Primary Care-Mental Health Integration (part time, 24 hrs/week). 8-10 hours/week devoted to

internship. Duties include brief individual and group therapy. Clinical interests include motivational interviewing, health psychology, marital/family counseling. Research interests include program evaluation and motivational interviewing. Lecturer in the Department of Psychology, University of Nebraska-Lincoln and the Creighton University School of Medicine.

3. William Keller, Ph.D. (University of Iowa 1971). Lincoln. VA since June 1971. Mental Health Clinic, SUDP, and PCT. 0-2 hours/week devoted to internship. Duties include individual, couples, and group counseling, neuropsychological and diagnostic assessment. Clinical/Research interests include complex cases including of childhood trauma, substance abuse, medical, psychiatric and personality disorders.
4. Peter C. Meidlinger, Ph.D. (University of Nebraska-Lincoln, 2017; Durham VAMC Internship 2016-17). Dr. Meidlinger has been with NWI since 2017. His clinical interests include exposure-based treatment of anxiety disorders, CBT treatment of depression, transdiagnostic treatment of anxiety and depression, Prolonged Exposure Therapy for PTSD, and Cognitive Processing Therapy for PTSD, and Dialectical Behavior Therapy (DBT). Dr. Meidlinger is additionally affiliated with the University of Nebraska-Lincoln and serves as the director of the clinical psychology program's training clinic.
5. A. Jocelyn Ritchie, JD, Ph.D. RYT-200. (University of Nebraska-Lincoln 1990 plus UNL clinical retraining 1992-1996 and neuropsychology post-doc Yale University 1997-1999). Lincoln/Omaha. VA since Sept. 2007 (1st in PTSD/PCT; then Polytrauma & PTSD/PCT). Current Duties: Internship Training Director (emeritus), Polytrauma Neuropsychology (NWI-wide). Clinical/Research interests include civil and criminal forensic neuropsychological assessment and symptom validity; Traumatic Brain Injury; leading a weekly Yoga for PTSD group (Lincoln) and for Polytrauma. (Omaha); group and individual "iRest" (Integrated Restoration) Yoga Nidra Guided Meditation (for PTSD, TBI & Chronic Pain); Violence Risk Assessment; Americans with Disabilities Act; Civil Commitment Law; Serious Mental Illness and psychosocial rehabilitation.
6. Cameron S. White, PhD. (University of Nebraska, 1995). Lincoln VA since 2019. (VA Internship at Kansas City VA Medical Center). Clinical interests include evidence based psychotherapy interventions, especially cognitive behavioral interventions, and cognitive processing therapy, prolonged exposure, and written exposure therapy for PTSD.
7. Delanie Thompson, PsyD. (Kansas City University). Graduate Psychologist at the Lincoln VA Clinic since 2022. APA Internship at Centerstone Consortium. Clinical interests include health psychology, substance use and geriatrics.

Go to [Shared Attributes Across Training Sites](#) for aspects of training that is shared across training sites or for additional information go to the [Table of Content Links](#) or [Top of the Document](#).

See also:

[Grand Island VA](#)
[Lincoln VA](#)
[Omaha VA Medical Center](#)

Norfolk CBOC

1 Internship Position

Track 221713: "NWI – NO Rotations – Rural Norfolk CBOC"

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Norfolk VA Clinic
3204 Raasch Drive
Norfolk, NE 68701

Phone: 402-370-4570
Fax: 402-370-4582

The Norfolk community-based outpatient clinic (CBOC) was established in Nov. of 2008 and is located in a strip mall on one of the main thoroughfares in town. Parking is easily accessed and is within walking distance to other shops and eating establishments. It moved into their new building in the Fall of 2020.

The CBOC provides primary care services for Veterans in the Northeastern part of Nebraska and in Western Iowa. Mental health services at Norfolk are provided on-site by a part-time psychologist (four days per week, M-Th), with additional psychotherapy and all psychiatric involvement provided to Norfolk Veterans through telehealth from other NWI facilities. Approximately 95% of the Veterans served at the Norfolk CBOC are from rural counties with an additional 2% from highly rural counties.

The Norfolk CBOC is in a rural community with a population of approximately 24,000 people. The catchment area for this clinic spans over 120 miles with over 2,300 Veterans currently enrolled. The mental health service is embedded in primary care and serves Veterans experiencing a wide range of mental health issues, including anxiety and mood disorders, trauma and stressor related disorders (PTSD included), acute and chronic health issues, chronic and severe mental illnesses, substance use disorders, adjustment problems and relationship issues. On-site team members include one Psychologist, four Primary Care Providers, clinical pharmacist, nursing staff, and medical support assistants. Telehealth Team members include psychiatry, social work, and pharmacy. The primary mode of treatment in the Mental Health Clinic is individual therapy, although group work may be developed by the Intern with supervisor approval. Currently group work is offered via tele-mental health for PTSD, pain management, weight management, nightmares, MOVE! group, and insomnia. The addition of on-site groups by the Intern could be a valuable addition to the Norfolk CBOC's capacity to serve the mental health needs of this highly rural Veteran population if and when this becomes feasible post-COVID. The Norfolk CBOC also manages emergency and walk-in cases on an as-needed basis. The Norfolk-based Intern will complete the full Internship year at this site, rather than rotating through specific clinics.

Given the nature of the Norfolk CBOC's elderly population, the Intern would typically have exposure to intake assessments, neurocognitive evaluations, and psychotherapy for the individual therapy, as well as psychoeducation for families caring for the Veteran. Work with a geriatric population certainly necessitates close interdisciplinary communication, as this population tends to have complicated medical needs. However, post-COVID these interactions are likely to be by phone unless the elder has sufficient computer skills to manage other virtual environments although face-to-face interventions are also possible.

The Norfolk-based training track has significant differences in structure due to not being rotation-based. Due to the integration into the primary care setting, the Norfolk Intern will provide in person or more frequently post-COVID virtual services to "anyone who steps in the door," a common practice for rural psychology. This ensures that across the training year, the Norfolk-based Intern will have the opportunity to see patients with a wide variety of diagnoses, thereby gaining similar training experiences as Interns at the other two training sites, just not confined within the context of a rotational structure.

Interns at all training sites are supervised by psychologists or have access to psychologists who have received training in evidence-based psychotherapies (EBPs). Currently, the primary supervisor at the Norfolk CBOC is certified in CPT to treat PTSD and CBT-Insomnia. The Intern may be able to obtain

training in other EBPs by observing via telehealth psychology staff at other NWI sites or through other trainings. Also, co-supervision or consultation with other psychologists in the NWI system may be available to provide greater depth of training within the context of a particular case. Evidence-based psychotherapies are frequent topics in the didactic training series. Multiple on-line trainings in EBPs have been identified within the VA “TMS” system to round out the Intern’s training as well. Finally, the Norfolk-based Intern can travel to other training sites to round out his or her training experiences using a VA-owned vehicle

The Norfolk-based Intern has the unique advantage over rotation-based Interns of being able to follow a significant number of cases for an extended time throughout the Internship year rather than having to terminate/transfer cases at the end of each rotation or limit him/herself to those that fit into their elective hours. The Norfolk-based Intern will enjoy the greater flexibility of being able to customize their experience to the clinical needs and interests of the Intern on the site within the limitations of the clinical opportunities available. If the desired clinical experience is not offered specifically at the Norfolk CBOC, the Intern may choose to travel to another CBOC within NWI to meet their training needs if available (with the approval of their supervisor). Other advantages enjoyed by the Norfolk-based Intern relate to the depth of Interdisciplinary training opportunities described below.

An important note about supervision: Per VA policy, the Norfolk-based Intern may have no clinical contact with patients whatsoever in the absence of an on-site licensed psychologist to supervise the Intern’s activities. As mentioned above the Intern may travel to other training sites to ensure the Intern has on-site supervision available so that the Intern may have clinical contact with patients and round out his or her clinical training. When the Intern travels to the other training sites, he/she has opportunities to experience a greater range of supervised experiences, as well as to engage in face-to-face peer interactions with other NWI Interns. Occasionally, faculty, and at times accompanied by an Intern, from an NWI site may travel to Norfolk to provide supervision of clinical experiences. This provides the other Intern with a more rural experience, as well as providing the Norfolk Intern with additional formal and informal face-to-face peer interactions.

During times when no on-site supervision is present, the Norfolk-based Intern will follow an individualized plan developed in conjunction with the on-site supervisor. This may involve travel to other training sites. At other times, the plan includes writing assessment and intake reports, completing notes, completing assigned rotation projects, meeting with other supervisors via telehealth related to assessment skill development, and/or engaged in a variety of pre-planned training activities. These other pre-planned training activities may include program development activities, such as developing groups for the Norfolk CBOC, program quality improvement activities, literature reviews, and other projects as assigned. In addition, the plan may include pre-arranged opportunities to shadow community psychologists amongst other common psychologically relevant training experiences. The NWI Doctoral Internship in Clinical Psychology Standard Operating Procedure (SOP; related to the expectations for the Intern when the Norfolk supervisor is off-site) includes an addendum listing examples of activities the individualized training plan may include, designed to help assure any planned or unplanned absences by the supervising psychologist does not interfere with the Intern’s overall training.

Non-Rotation Training Experiences:

The following provides specific information that is site-specific to the Norfolk CBOC training site. See [Shared Attributes Across Training Sites](#) for aspects of training shared across training sites.

Outpatient General Mental Health - Much of the generalist rural practice of the Norfolk Clinic is consistent with a traditional GMH clinic as described for the other training sites in terms of the diversity of clinical presentations, as well as opportunities to work with other disciplines. The Intern is embedded within Primary Care full-time with offices next to the offices of the Norfolk Clinic Primary Care Providers, and just down the hall from all the other disciplines. This type of close contact over the course of the year allows the Norfolk-based Intern a unique opportunity to develop and operate within deeply rooted

interprofessional relationships. There will be opportunities for the Norfolk-based Intern to shadow selected disciplines within the clinic, as described elsewhere.

PTSD - The Norfolk CBOC has ample opportunities to work with Veterans with PTSD; therefore, the Norfolk Intern gains significant exposure to evaluation and treatment of this population across the training year. The clinic supervisor is certified in CPT for PTSD and is highly knowledgeable regarding this diagnosis and treatment, all of which provides the Intern options for hands-on training in this core EBP. Additionally, the Norfolk Intern often has access to the PTSD education class (delivered via V-tel from Grand Island) with bi-weekly two-hour sessions. The Norfolk Intern is offered to participate in the V-tel PTSD group therapy for Veterans.

The Norfolk-based Intern may also have the opportunity to shadow the implementation of PE via V-tel from Grand Island, depending on clinician and Veteran availability and agreement. These types of V-tel experiences also afford the Norfolk-based Intern opportunities for diversity in supervision related to PTSD, albeit not necessarily interprofessional. The Norfolk-based Intern will also have the opportunity to take several on-line trainings related to PTSD (as well as other disorders) including CPT and PE trainings through the VA "TMS" system as well as through the Medical University of South Carolina series as part of the activities the Intern has available during times there is no on-site supervision.

Primary Care-Mental Health Integration - Given that psychology at the Norfolk clinic is 100% embedded in a Primary Care clinic, the Norfolk-based Intern has wide-ranging opportunities to engage in traditional Motivational Interviewing. The Intern has continuing opportunities to work directly with Primary Care Provider staff related to an array of health-related diagnoses including diabetes, smoking cessation, pain management, and weight related concerns. The development and fostering of interprofessional relationships is important within rural VA psychology and the Norfolk CBOC provides significant opportunities for this type of professional development. The Norfolk-based Intern can also travel to other training sites to sample how PCMHI is implemented in other chemical environments.

Pain clinic- The Norfolk-based Intern will have the opportunity to participate in within-clinic referrals for therapy or consultation related to pain issues that Veterans present via PCMHI under the Norfolk psychologist's supervision. However, there is no formal "Pain Clinic" in Norfolk as at the other sites. The Intern may have opportunities to sit in on sessions during intermittent on-site visits from pain consultants traveling to Norfolk for on-site psycho-education and individual sessions during occasional visits to Norfolk. Time permitting, the Intern may have the option of one-on-one discussions with the consultant about pain management topics/issues. The Intern also may have access to participation in the Pain 101 class presented via V-tel by psychologists from Omaha and Grand Island.

The Norfolk-based Intern may travel to participate in the multidisciplinary Pain Clinics at other training sites, as well to shadow the psychologist who is part of the Pain Assessment Team and/or the Intern who is assigned to the PCMHI rotation at that time. To participate in Lincoln, the Intern would have to apply for this experience more formally than at other sites. Interns traveling to Grand Island, Lincoln or Omaha may also request access to the Whole Health Psychologists who are all experienced Pain clinicians with biofeedback as one of their tools along with CBT for chronic Pain and other interventions. Other Whole Health clinicians include acupuncturists, chiropractors, yoga instructors, and tai chi teachers. The Norfolk-based Intern can request opportunities to interact and learn from Whole Health clinicians across the other training sites, and occasionally Whole Health clinicians and coaches travel to Norfolk, as well.

Substance use treatment- There is no formal substance abuse treatment program at the Norfolk clinic. That said, the Norfolk Veteran population has included a number of dual diagnosis cases including both mental health, as well as substance abuse such as alcohol abuse, abuse of pain medications, and other illicit substances such as methamphetamine and cannabis. Although not a full substance abuse assessment, the Norfolk-based Intern can anticipate doing preliminary assessment before referrals are made to inpatient or outpatient substance abuse treatment in other settings. Those requiring residential or intensive out-patient treatment are referred to other VA programs, typically the residential treatment programs at the Omaha VA or the Grand Island VA. Patients completing these programs are often

referred back to the Norfolk CBOC as an after-care treatment option. In addition, the Norfolk clinic is able to work with less intense substance use presentations when the Veteran does not need residential or intensive out-patient treatment. Veterans discharged to local half- or three-quarter-way homes within Norfolk and surrounding areas are often followed in the Norfolk clinic as well.

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Norfolk Assessment Clinic

The Assessment Clinic is a year-long training experience primarily involving neurocognitive screenings and possibly more complex neuropsychological assessments. The Norfolk-based Intern typically completes their hands-on assessment training on Thursdays and if traveling to be supervised elsewhere then on Fridays. The Norfolk supervisor is very skilled in neuropsychological assessment, and supervises assessments on-site, depending on patient needs.

The Norfolk-based Intern's assessment training could include monthly or twice a month travel but if there is sufficient assessment referrals within the Norfolk Clinic to do at least one assessment there per month if not more. Travel provides the Norfolk-based Intern with additional supervised assessment experiences when the Norfolk CBOC has a decrease in referrals or to round out training. For example, in Grand Island, the Norfolk-based Intern will be able to conduct neurocognitive assessments (same battery used at Norfolk) and/or pain assessments during the pain clinics, as well as gaining experience with the Community Living Center (CLC) geriatric residents and CLC treatment team meetings.

Interns in all training sites learn to administer and interpret a number of required and optional cognitive assessment instruments over the course of the training year. During the beginning of Internship, training is devoted to ensuring that each Intern is (or gets close to) attaining "Area Level" supervision status regarding a basic clinical interview and administering a basic neurocognitive screening battery, including the RBANS, Trail Making, Clock Drawing, Phonemic and Semantic Verbal Fluency (aka COWAT; aka "FAS" & "Animals") and TOMM, in addition to other screeners, such as the MOCA.

Over the course of the training year the Norfolk-based Intern is required to demonstrate a basic working knowledge regarding the additional required measures that are typically used in the Polytrauma battery, e.g. WAIS-IV, CVLT-II, BVM-T-R, WCST, and RCFT. This typically occurs during the group supervision discussions, but sometimes through actually administering the measures. The Polytrauma neuropsychologist might intermittently travel Norfolk to administer the Polytrauma battery, at which times the Intern is invited to observe or to administer under the Polytrauma psychologist's observation depending on the Intern's demonstrated competencies. Interns with an interest in Neuropsychology can request to travel to Omaha to get Polytrauma Support Clinic experience. If such opportunities do not arise the Intern is encouraged to practice administering the tests with fellow interns and supervisors during individual and/or group supervision, and could be given access to samples of completed protocols and reports which they may review and discuss in order to obtain basic competencies (equivalent to "Area Level" supervision). If the Norfolk Intern is limited with travel, for example due to weather, they may participate in report writing for an already administered Polytrauma battery to gain experience with working with a psychometrist.

After demonstrating competencies in administration of neurocognitive assessments under "Room Level" supervision, the Intern is allowed to administer and score neurocognitive batteries, write reports, and provide test feedback under "Area Level" supervision.

Please note that the Norfolk Intern may travel to Grand Island for training experiences, and take advantage of free (and nice) accommodation for trainees sponsored by the Rural Health Education folks. Ask our current Norfolk Intern about his experiences.

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See [Assessment Training](#) for further details about the Assessment Clinic shared across all four NWI Internship training sites.

As noted, other assessment-related experiences that the Norfolk-based Intern may encounter or that may be able to be incorporated into the Internship involve travel to Grand Island, Omaha, and/or Lincoln. Please see descriptions of opportunities elsewhere in NWI including: [Grand Island Rotations](#) and [Lincoln Rotations](#).

‘Elective’ Hours

The Norfolk Intern may request to use ‘elective’ hours in which they may further individualize their training program. Please see details at the following link: [Shared Attributes Across Training Sites](#). The Norfolk location provides flexibility, typically on Fridays, and are considered ‘elective’ hours. This flexibility assumes approval by the primary supervisors and Assessment Clinic supervisors, as the Intern must be meeting all other Internship expectations before using “elective” hours.

Norfolk-based Psychology Staff:

1. Pamela P. Hannappel, Ph. D. (University of Missouri- St. Louis 1996). Norfolk CBOC. VA since 2009. Primary Care Mental Health Integration (part time, 32 hours/week). 8-10 hours/week devoted to internship. Duties include brief and longer-term therapy, intake assessments, diagnostic clarification, and neuropsychological evaluations. Clinical/Research interests include rural mental health, geriatric psychology, PTSD, depression, parenting issues, and health/weight management.

Other Psychology Staff meeting face-to-face with Norfolk-based Intern:

If the Intern chooses to travel, they have the opportunity to experience a broader range of assessments and a broader range of supervision styles, although all developmental in nature. For example the Norfolk-based Intern could travel to work with Dr. Todd in Grand Island or Dr. Ritchie in the Omaha Polytrauma Assessment Clinic.

See also:

[Grand Island VA](#)
[Lincoln VA](#)
[Norfolk CBOC](#)
[Omaha VA Medical Center](#)

Omaha VA Medical Center – “Omaha VAMC-based”

No Internship position anticipated but can be a resource to interns at other sites



Omaha VAMC
 4101 Woolworth Avenue
 Omaha, NE 68105

Phone: 402-346-8800
 Or 800-451-5796

The Omaha VAMC is the flagship facility for NWI, providing both primary care and mental health services for Omaha and the rural areas of eastern Nebraska and Western Iowa, as well as specialty care for Veterans throughout the entire NWI catchment areas. The only NWI inpatient psychiatric unit is in Omaha (12 beds). The Omaha VAMC also has a residential mental health psychiatric residential rehabilitation treatment program (PRRTP; 10 beds), and a residential substance abuse program (SAARTP; 11 beds). The Mental Health and Behavioral Science service line includes subspecialties of Mental Health Clinic, Recovery Program, Substance Use Disorder Program, Mental Health Intensive Care Management Program, Posttraumatic Stress Disorder clinic, and Psychology services. In addition, Omaha VAMC's Extended Care and Rehabilitation Services include mental health services through Home Based Primary Care. Omaha (like the Lincoln, Grand Island, and Norfolk facilities) also has psychologists integrated into Primary Care as well as extensive interaction with psychiatry, social work, and other mental health providers. The Omaha MHC/PCT serves a majority of Western Iowa and much of rural eastern Nebraska where no other VA mental health services exist. Approximately 30% of the in-person, face-to-face outpatient mental health/PTSD encounters at the Omaha VAMC are from rural areas and 1.5% from highly rural areas (not including telehealth encounters).

Omaha VA Medical Center – “Polytrauma-based”

No Internship position anticipated but can be a resource to interns at other sites

This Polytrauma Support Clinic is housed in a small stand-alone clinic in leased space down the hill and across the street from the main Omaha VAMC. In addition to the basic neurocognitive screening battery tools all interns at all sites learn and use (RBANS, Trail Making, Clock Drawing, Verbal Fluency “FAS” & “Animals,” and TOMM, the longer Polytrauma battery tends to also include WAIS-IV, CVLT-II, BVMC-R, WCST, and RCFT and other assessment tools as needed. The Polytrauma Support Clinic is based in Omaha so there may be opportunities for Interns to participate in some assessments depending on supervision availability and expected progress in all other areas of the internship.

Omaha VAMC Psychology Staff:

1. Myla Browne, Ph.D. (University of Nebraska-Lincoln 2005). Omaha. VA since December 2010. Mental Health Clinic. 8 hours/week devoted to internship. Duties include cognitive, personality, and diagnostic assessment and group therapy. Clinical interests include cognitive functioning, geriatrics, and severe mental illness. Research interests include cognitive functioning, geriatrics, treatment and rehabilitation for severe mental illness, program evaluation.
2. Chris Heaney, Psy.D. (Illinois School of Professional Psychology, 1996). Omaha. VA since 6/2000. Health Psychologist, Whole Health Program. 0-2 hours/week devoted to internship. Primary duty is to provide a range of Health Psychology interventions and assessments for veterans involved in the Whole Health and Pain Management Programs. Clinical interests include health psychology, mindfulness, biofeedback, caregiver education, grief/bereavement counseling, psychological interventions at the end of life. Assistant Clinical Professor in the Department of Psychiatry, Creighton University School of Medicine. Research interests: include exploring interventions that impact heart rate variability, and applications of mindfulness.
3. Mark E. Weilage, PhD. (University of Nebraska, 1997). Omaha VA since 2022. (VA Internship at Leavenworth VA Medical Center). Psychology Internship Training Program Director. Clinical interests include evidence based psychotherapy interventions, especially cognitive behavioral interventions, supervision, professional wellness, assessment and primary care mental health. Adjunct Faculty/Associate Professor in Psychiatry as well as Family and Community Medicine at Creighton University School of Medicine.

4. Alexa Saunders, Psy.D. (The Chicago School of Professional Psychology, 2021). Omaha VA since 2021. Internship at Regional Mental Health Center in Merrillville, IN. Currently completing my postdoctoral fellowship as a Graduate Psychologist in the PTSD Clinic. Clinical interests include evidence based psychotherapy interventions, trauma-focused treatment, treatment for severe and persistent mental illness, psychodynamic psychotherapy, community outreach programming, and psychological/neuropsychological assessment.
5. Alex McConnell, PhD (they/them/theirs) has been with the Omaha VA since 2021. Prior to that, they completed their internship and postdoctoral training at the Durham VA Medical Center and their graduate training at Miami University of Ohio. They are the facility's PTSD-SUD Specialist and also serve as the LGBTQ+ Veteran Care Coordinator for NWI. Their clinical interests include evidence-based interventions for PTSD and its associated comorbidities, including mood, sleep, and substance abuse difficulties. Dr. McConnell also has interests in training/supervision, and the promotion of cultural humility and affirmative services for all Veterans.
6. Terry North, Ph.D. (University of South Dakota-Vermillion 1989). Omaha. VA since 1993. PCT. 0-2 hours/week devoted to internship. Duties include NWI PTSD Program Director, NWI Evidence-Based Psychotherapy Coordinator, PTSD therapy, neurocognitive assessment, psychiatry resident training and supervision. Clinical/Research interests include trauma processing therapy, mindfulness meditation, CBT, cultural diversity, evidence-based psychotherapy interventions. Clinical Assistant Professor, Department of Psychiatry, University of Nebraska Medical Center; Assistant Professor, Department of Psychiatry, Creighton University.
7. R. Dario Pulido, Ph.D. (George Mason University 2004). Omaha. VA since August 2009. Acting Chief of Mental Health & Behavioral Sciences Service Line; Domiciliary Chief, Omaha Residential Rehabilitation Treatment Programs (R RTPs) and Outpatient Substance Use Disorders Program (SUDP) (1.0 FTE). 0-1 hours/week devoted to internship. Duties include program management of the substance use and psychosocial (mental health) non-acute residential programs, and SUDP in Omaha, as well oversight of substance use programs in Lincoln and Grand Island. Clinical interests include substance use, trauma, CBT, cultural diversity, DBT, mindfulness, motivational interviewing. Research interests include PTSD and substance use, PTSD and memory, integrated treatment for co-occurring disorders, cross-cultural issues.
8. A. Jocelyn Ritchie, JD, Ph.D. RYT-200. (University of Nebraska-Lincoln 1990 plus UNL clinical retraining 1992-1996 and neuropsychology post-doc Yale University 1997-1999). Lincoln/Omaha. VA since Sept. 2007 (1st in PTSD/PCT; then Polytrauma & PTSD/PCT). Current Duties: Internship Training Director (emeritus), Polytrauma Neuropsychology (NWI-wide). Clinical/Research interests include civil and criminal forensic neuropsychological assessment and symptom validity; Traumatic Brain Injury; leading a weekly Yoga for PTSD group (Lincoln); group and individual "iRest" (Integrated Restoration) Yoga Nidra Guided Meditation (for PTSD, TBI & Chronic Pain); Violence Risk Assessment; Americans with Disabilities Act; Civil Commitment Law; Serious Mental Illness and psychosocial rehabilitation.
8. Rex Schmidt, Psy.D. (Forest Institute of Professional Psychology 1998). Omaha and all NWI Sites. VA from 2001 – 2003 and since February 2014. Pain Clinic. 0-2 hours/week devoted to internship. Whole Health Pain Psychologist. Duties include facility-wide pain management program development, clinical consultation and staff training. Travels across NWI sites to provide consultation to the Pain Management Teams at each site and to train Primary Care teams more generally. Provides patient pain education and therapy groups, individual therapy, pre-surgical screening evaluations, biofeedback for chronic pain, and interdisciplinary pain evaluations. Clinical/Research interests include clinical outcomes of pain interventions, neuroplasticity and chronic pain, mindfulness-based meditation, interdisciplinary pain rehabilitation, and health psychology.

Information about Nebraska more generally

Nebraska Ethnic / Multicultural Diversity Data:

Below are brief demographics of Nebraska and specific demographics of the communities in which the training sites are located. All data are based on the US Census Bureau website as of July 13, 2016 unless otherwise noted. The demographic makeup of the state and of each city is quite reflective of the demographic makeup of the Veterans who seek services through the Lincoln, Grand Island, Omaha, and Norfolk CBOCs.

Nebraska has an estimated population of approximately 1.9 million as of July 2015. Per the 2010 Census, the racial makeup of the state was approximately 86.1% White/Caucasian, 4.5% Black/African American, 1.0% Native American/Indian, 1.8% Asian, 0.1% Pacific Islander, 4.3% other race, 2.2% two or more races, and 9.2% any race Hispanic/Latino. According to a survey done by Gallup for UCLA Law School's Williams Institute, 3.2% of Nebraska's residents identify as LGBT. Gender-wise the split is 50/50. With regard to age, 28% are ages 18-24, 37% are ages 25-39, 27% are ages 40-59, and 8% are ages 65+.

Nebraska is home to eight Native American tribes:

- | | |
|------------------|---------------|
| ➤ Santee Sioux | ➤ Pawnee |
| ➤ Omaha | ➤ Ponce |
| ➤ Ogallala Sioux | ➤ Sac and Fox |
| ➤ Oto | ➤ Winnebago |

Lincoln is the capital of Nebraska and the second-most populous city in the state. In 2015, the estimated population was 277,348. It is the county seat of Lancaster County and home to the University of Nebraska, Lincoln (UNL). Per the 2010 Census, the racial makeup of the city was approximately 86.0% White/Caucasian, 3.8% African American/Black, 0.8% Native American, 3.8% Asian, and 6.3% any race Hispanic/Latino.

Grand Island is the third-most populous city in Nebraska. In 2015, the estimated population was 51,440. It is the county seat of Hall County and home to the Nebraska State Fair. Per the 2010 Census, the racial makeup of the city was approximately 80.0% White, 2.1% African American/Black, 1.0% Native American, 1.2% Asian, and 26.7% any race Hispanic/Latino. As of 2014, the number of Veterans living in Grand Island was 3,323. The number of foreign-born persons was estimated at 15.8%. About 23.4% spoke a language other than English in the home and 17.2% had bachelor's degrees or higher education.

Norfolk (pronounced "Nor-fork") is the ninth-most populous city in Nebraska. In 2015, the estimated population was 24,366. Per the 2010 Census, the racial makeup of the city was approximately 88.0% White, 1.6% African American/Black, 1.4% Native American, 0.6% Asian, and 12.1% are any race Hispanic/Latino. As of 2014, the number of Veterans living in Norfolk was 1,465. The number of foreign-born persons was estimated at 6.7%. About 11.2% spoke a language other than English in the home and 22.3% had bachelor's degrees or higher education.

Omaha is Nebraska's most populous city. In 2015, the estimated population was 443,885. Per the 2010 Census, the racial makeup of the city was approximately 73.1% White, 13.7% African American/Black, 0.8% Native American, 2.4% Asian, and 13.1% any race Hispanic/Latino. As of 2014, the number of Veterans living in Omaha at that time was 27,728. The number of foreign-born persons was estimated at 9.8%. About 15.4% spoke a language other than English in the home and 33.8% had bachelor's degrees or higher education.

Grand Island – Local Information

Grand Island is a growing community in south central Nebraska offering natural beauty, easy commutes and friendly people. Grand Island and surrounding communities also offer good schools and reasonable rents.

Grand Island is the fourth largest city in Nebraska, with an estimated population of 49,989. As one of only three metropolitan areas in Nebraska, Grand Island is recognized for the depth and diversity of its economy and the wealth of businesses and industries that serve the community, region, state, and nation. The community also serves the retail needs of residents in much of rural Nebraska, including an area of over 20,000 square miles with an estimated population of over 200,000. Grand Island is also proud to be the host community for the Nebraska State Fair.

Grand Island attractions include: the Nebraska State Fair (late August - early September), the Hall County Fair (mid-July), the Stuhr Museum, and other attractions and events listed below.

Grand Island offers malls and plazas, a thriving Downtown with many unique shops, and small commercial outlets. Conestoga Mall (www.shopconestogamall.com) is the largest mall in the area, serving both Grand Island and most of the surrounding rural Nebraska population with smaller strip malls available. As one of the highest per-capita retail centers in the state, shoppers travel to Grand Island from across the region. Grand Island offers a diverse array of shopping experiences with options ranging from national brand stores to locally owned boutique shops. Major chain restaurants are represented and there is an ever-increasing diversity of other dining experiences, including Thai food, Mexican food, and specialty bakeries. Dining options in Grand Island range from national chain restaurants to locally owned delis and markets that offer ethnic foods.

For a quick affordable get-away without having to drive to Lincoln or Omaha for a flight, Grand Island's Central Nebraska Regional Airport offers daily nonstop jet service to Dallas/Fort Worth. In addition, there are twice-weekly nonstop service to Las Vegas and Phoenix-Mesa. Air service to and from Grand Island is available, reliable, and affordable.

Grand Island Events:

- Art in the Park : <https://www.facebook.com/Grand-Island-NE-Art-in-the-Park-Stolley-Park-353776683348/>
- Prairie Lights Film Festival: <http://www.prairielightsfilmfest.com/>
- Central Nebraska Ethnic Festival: <https://www.facebook.com/CentralNebraskaEthnicFestival/>
- Children's Groundwater Festival: <http://www.groundwater.org/kids/festival.html>
- Harvest of Harmony Parade: <https://www.facebook.com/harvestharmony>
- Community Arts & Concert Association
- Husker Harvest Days: <http://hallcountyfair.com>
- Hoops Mania: <http://hoopsmania.com>
- Hall County Fair: <http://hallcountyfair.com>
- Nebraska State Fair: www.statefair.org

Grand Island Area Attractions:

- Stuhr Museum of the Prairie Pioneer: www.stuhrmuseum.org
- Nebraska Nature Center: www.nebraskanature.org
- Fonner Park: www.fonnerpark.com
- Grand Island Little Theatre
- Plum Street Station
- Heartland Events Center: www.heartlandeventscenter.com

Grand Island Websites:

- <http://www.theindependent.com>
- <http://www.visitgrandisland.com>

- <http://www.grandislandnebraska.com>
- <http://www.grand-island.com>
- <http://www.visitgrandisland.com>
- <http://www.grandisland.org>
- <http://www.gichamber.com>

Websites of other towns near Grand Island:

<http://doniphanne.com>

<http://doniphanherald.com>

<http://www.cityofhastings.org>

<http://www.hastingstribune.com>

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Lincoln - Local Information

Lincoln is the capitol city of Nebraska and home to the Nebraska Legislature and much of state government. The Nebraska Legislature is the nation's only Unicameral and is housed in the beautiful and historic State Capitol Building. Lincoln is home to the University of Nebraska-Lincoln (UNL) and several other smaller colleges, including Nebraska Wesleyan University; therefore, access to various academic libraries is available (in addition to librarian services through the Omaha VAMC and other medical libraries in Omaha). The UNL Psychology Department has strong ties with NWI Psychology and includes the Clinical Psychology Graduate Training Program, the acclaimed Law and Psychology Graduate Training Program, and the yearly Nebraska Symposium on Motivation. UNL houses the university system's Law College and Dental School.

Lincoln is a highly livable city with an extensive park system and multiple entertainment venues (e.g., Lied Center for Performing Arts, Pinnacle Bank Arena, Rococo Theatre, Pinewood Bowl Theater). Nebraska tends to have reasonable rents compared with other parts of the nation and the overall cost of living is lower (with some exceptions depending on where you are from).

For young families, Lincoln has good schools compared with other parts of the nation. There are a wide variety of restaurants all across town, particularly in the Haymarket area of downtown, which has recently expanded due to the addition of the Pinnacle Arena, adding many new restaurants and bars. Lincoln is home to the University of Nebraska Cornhuskers, which provide a number of college sports events, the most popular being football (85,000-90,000 fans attend home games). The minor league baseball team, the Saltdogs, and the minor league hockey team, the Stars, also call Lincoln home. Other family-friendly places/activities include bike trails, the Sunken Gardens, Lincoln Children's Zoo, and Lincoln Children's Museum. Additionally, there are nearby apple orchards, pumpkin patches, and berry fields where one may do their own picking.

There is a wide variety of things to do in Lincoln itself. However, if one cannot find activities in Lincoln, Omaha is an hour away and Kansas City or Des Moines are three hours away. Several larger metropolitan areas are within 10 hours of Lincoln, as Denver is approximately seven hours away, Minneapolis (seven hours), St. Louis (seven hours) or Chicago (eight hours), and one may easily reach a ski resort in eight-10 hours (e.g. Vail, CO is eight hours away). If one would like to fly somewhere, the Lincoln airport offers direct flights to larger hubs such as Chicago or Denver.

Children:

<http://www.lps.org>

<http://www.lincolnzoo.org>

<http://www.lincolnchildrensmuseum.org>

Parks & Gardens:

<http://lincoln.ne.gov/City/parks/parksfacilities/publicgardens/sunken/index.htm>

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Sports: <http://lincolnstars.com>
<http://www.lincolnhockey.org>
<http://www.saltdogs.com>

Theater & Arts: <https://theross.org>
<http://www.liedcenter.org>
<http://www.pinewoodbowltheater.com>
<https://www.pinnaclebankarena.com>
<http://rococotheatre.com>
<http://www.unl.edu/finearts>

UNL Psychology: <http://psychology.unl.edu/psylaw>
<http://psychology.unl.edu/symposium/nebraska-symposium-motivation>

Advocacy: <http://outlinc.org>
<http://www.malonecenter.org>
<http://leagueofhumandignity.com>
<http://www.disabilityrightsnebraska.org>
<http://www.urbanleagueneb.org>
<http://www.mha-ne.org>
<http://pti-nebraska.org/state-and-local-organizations>
<http://www.elcentrodelasamericas.org>
<http://www.malonecenter.org>

Lincoln websites:

<http://www.lincoln.ne.gov>
<http://www.lincoln.ne.gov/city/parks>
<http://www.lincoln.org>
<http://lincolnmagazine.com/publisher.htm>
<http://journalstar.com>
<http://www.dailynebraskan.com>

To read about the Lincoln VA's "Yoga for PTSD and Polytrauma" group at NWI see the following:

<http://www.nebraska.va.gov/TheLink/09SeptemberTheLink2011.pdf>

OR

http://journalstar.com/news/local/war-torn-veterans-their-dreams-and-a-yoga-instructor/article_3205773e-761d-51c1-af95-2a60a17639e4.html

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Norfolk – Local Information

Norfolk was organized in 1881, located in the Elkhorn River Valley. The settlers proclaimed, "North Fork" (of the Elkhorn River) to be their permanent post office address, named after the river and suggested "Norfork" as the simplest compounding of "North Fork". Postal authorities in the East Coast, mistakenly thinking the word had been misspelled, changed the spelling to "Norfolk" on the post office maps, akin to the spelling of Norfolk, Virginia. Residents of Norfolk, and indeed most native Nebraskans, continue to verbally say "Nor'fork" while maintaining the post office (mis)spelling.

Norfolk is located in Northeast Nebraska in Madison County, 112 miles northwest of Omaha, 121 miles north of Lincoln and 75 miles southwest of Sioux City, Iowa. U.S. The population was 24,210 at the 2010 census, making it the ninth-largest city in Nebraska.

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Norfolk has been rated the 98th best place to live in the nation and Madison County has been rated the second-best place for jobs in the nation by CNNMoney.com. It is the economic center for an area encompassing six counties. Basic economic activities of Norfolk are manufacturing, farming (both livestock and grain), education, retailing, and wholesaling. Manufacturing employs over 4,059 persons. Norfolk is the major retail trade center for Northeast Nebraska.

Norfolk boasts a large array of shopping opportunities. Larger retailers include a Super Walmart, Target, J. C. Penny's, the Buckle, Shopko, Menards, Bomgaar's, HyVee grocery stores, and Earl May. There are a number of appliance stores, furniture stores, small boutiques, and stores that sell locally made/grown items. Also available are a variety of restaurants, common fast food restaurants, national chains (e.g., Applebee's, Perkins, and Pizza Hut), and smaller independently own restaurants (e.g., Chinese, Steak Houses, Bistros, Hispanic, Barbeque, and Sushi).

With regard to schools, Norfolk offers private Catholic and Lutheran schools from Preschool through 12. Public school offers K-12, as well as a public Montessori (K-4) school, which transitions into traditional education 5-12. Public schools include smaller elementary schools (K-4), a single middle school (5-6), a Junior High (7-8), and a High School (9-12). The High School is the site of the Johnny Carson Theater, used for a variety of functions by the town. There is also a community college, Northeast Community College. There courses are offered as part of a traditional college tract, tech degrees, as well as a number of adult/community-oriented courses.

For medical attention there is Faith Regional Health Services, which has two campuses and approximately 133 beds. This hospital employs over 700 people and offers an array of in-patient and out-patient services including a cancer treatment center, specialty clinics, and in-patient psychiatric services.

In Norfolk there are a number of different houses of worship. There are a number of nondenominational Christian Churches, as well as more traditional denominations such as Catholic, Lutheran, Methodist, Baptist, Jehovah's witnesses, Episcopal, and Seventh Day Adventist.

Places to go/things to do include:

- The Great American Comedy Festival - <http://www.greatamericancomedyfestival.com/> - Created in 2008 to pay tribute to the legacy of Norfolk's favorite native son, Johnny Carson, in 2012, the festival was named Nebraska's outstanding tourism event among the state's larger cities. It begins with amateur competitions in the winter at various locations across the state and culminates with a week-long competition and exhibition in June at the Johnny Carson Auditorium in Norfolk, NE.
- DeGroots Apple Orchard - <https://www.facebook.com/degrootorchards/>
- Elkhorn Valley Museum and Research Center - <https://www.facebook.com/ElkhornValleyMuseum/> - home to the Johnny Carson exhibit, has a working one room school house, the restored first home of Norfolk, a children's Discovery Zone, the Square Turn Tractor, research center and a birding library
- Memorial AquaVenture Waterpark - <http://www.ci.norfolk.ne.us/parks/AquaVenture.htm> - wave pool, water slides
- Norfolk Arts Center - <http://www.norfolkartscenter.org/> - art exhibits, classes for all ages, performing arts, and more
- Poppy's Pumpkin Patch - <http://www.poppypumpkinpatch.com/> - Jared's jungle, the observation tower, corn maze, petting zoo, craft activities, jail, dress up cabin and so much more.
- Ashfall Fossil Beds - <http://ashfall.unl.edu/> - educational site offers a unique window to the past; barrel-bodied rhinos, three-toed horses, llama-like camels and saber tooth deer are just a

few of the intact skeletal remains you may view; visit with the paleontologists and learn about the animals that lived millions of years ago in Nebraska

☐ Cuthills Vineyards - <http://www.cuthills.com/> - Nebraska's first winery offers a variety of wines to suite any palate; holds tastings and special events throughout the year

☐ Maskenthine Lake Mountain Bike Trail - mountain bike trail for riders of all skills; the area features over five miles of single-track trails with a wide variety of terrain

☐ Willow Creek Recreation Area - <http://nebraskastateparks.reserveamerica.com/camping/willow-creek-sra/r/campgroundDetails.do?contractCode=NE&parkId=230256> - 1,633 acres with a 700-acre lake; 100 camping pads (64 with 30 amp electrical hookups, 19 with 50 amp electrical hookups), picnic tables and shelters, fire grates, water, showers, modern restrooms, an accessible fishing pier, an archery field course, unsupervised swimming, two playgrounds and an eight-mile hiking/horseback trail around the lake

☐ Cowboy Trail - <http://outdoornebraska.gov/cowboytrail/> - for biking or hiking - Once part of the Chicago & North Western Railroad's Cowboy Line, this limestone trail covers 321 miles from Norfolk to Chadron. From east to west, the trail passes through the farmland of the Elkhorn River Valley, into Plains ranchland, across the scenic Niobrara River Valley, along the northern Sandhills and to the edge of the Pine Ridge. The Cowboy Trail is the longest rail-to-trail conversion in the United States, which includes a 148-foot high bridge over the Niobrara River at Valentine. A portion of the trail was damaged near Norfolk in the June 2010 flood, however 70+ miles recently re-opened and is ready to be traveled.

| | | |
|--------------------|------------------------|-----------------------------|
| Road trip options: | Omaha (2 hours) | Lincoln (2.5 hours). |
| | Grand Island (2 hours) | Sioux City, IA (1.25 hours) |
| | Des Moines (4 hours) | Kansas City (5 hours) |
| | Minneapolis (6 hours) | Mount Rushmore (6 hours) |

Norfolk websites:

www.ci.norfolk.ne.us
www.norfolkpublicshools.org
www.norfolkdailynews.com
www.us92.com
www.106kix.com

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Omaha - Local Information

Omaha is the largest city in Nebraska, with an estimated population of 446,599 as of 2014. It is currently the 42nd largest city in the United States. The metropolitan area is home to over 900,000 people. In recent years, the Omaha riverfront and downtown area have experienced tremendous growth with over two billion dollars in new development. A one-of-a-kind pedestrian bridge S-curves its way across the Missouri River, the signature, cable-stayed Bob Kerrey Bridge is one of the longest pedestrian bridge projects ever constructed, giving Omaha visitors a breathtaking view of the ever-changing skyline.

The city's convention center and arena, The CenturyLink Center, attracts big name talent. In front of the Center is the public art project, "Illumina," which is a colorful displace of sculptures inspired by the 13th Century Carnival of Venice; they were created by artist Matthew Placzek. This is a small sample of the public art that may be found around the city. Nearby the CenturyLink Center is the Old Market neighborhood which has cobblestone streets, and a diverse mix of shopping, galleries, restaurants,

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taverns and people-watching. Also, nearby is the Orpheum Theater, another venue where big name talent/shows perform.

With regards to sports, Omaha offers college sports through Creighton University and University of Nebraska, Omaha, and a minor league baseball team (Storm Chasers), as well as a minor league hockey team (Lancers).

More places to go/things to do:

- Henry Doorly Zoo and Aquarium: <http://www.omahazoo.com/>
- Joslyn Art Museum: <https://www.joslyn.org/>
- Lauritzen Gardens: <https://www.lauritzengardens.org/>
- Omaha's Children Museum: <http://www.ocm.org/>
- Durham Museum: <http://www.durhammuseum.org/>
- NCAA Men's College World Series: <http://www.cwsomaha.com/>
- Summer Arts Festival: <http://www.summerarts.org/>
- Intertribal Powwow: <https://mccneb.edu/Prospective-Students/Student-Tools-Resources/Intercultural/Programs-and-Events/Fort-Omaha-Intertribal-Powwow.aspx>
 - Alternate link: [Metropolitan Community College - Fort Omaha Intertribal Powwow \(mccneb.edu\)](http://www.metropolitancommunitycollege.edu/FortOmahaIntertribalPowwow)
- Other area powwow information: https://www.crazycrow.com/site/events/category/native-american-powwows-and-events/?action=tribe_geosearch&tribe_paged=1&tribe_event_display=map&tribe_event_category=native-american-powwows-and-events&tribe-bar-geoloc-lat=41.4925374&tribe-bar-geoloc-lng=-99.90181310000003&tribe-bar-geoloc=Nebraska&tribe_eventcategory=101
- Greek Festival: <http://www.greekfestomaha.com/>
- Cinco de Mayo Omaha Festival : <http://www.cincodemayoomaha.com/>
- Other Omaha Festivals: <https://www.everfest.com/nebraska/omaha-festivals>

Omaha websites:

<http://www.visitomaha.com>
<http://www.cityofomaha.org>
<http://www.omahaperformingarts.org>
<http://www.omaha.com>

External Link Disclaimer: By clicking on the links above, you will leave the Department of Veterans Affairs website. VA does not endorse and is not responsible for the content of the linked website. Each link will open in a new window.

CBT & PTSD Learning Resources

While not required prior to internship, there are a number of free on-line courses developed by the VA that some incoming Interns might benefit from to help prepare for internship. For applicants with limited CPT and/or PTSD experience, completion of these types of trainings may make their applications more competitive.

VA Introductory Videos:

<https://www.ptsd.va.gov/appvid/video/index.asp>
https://www.ptsd.va.gov/appvid/video/pro_videos.asp

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VA-Courses (typically 1 hr):

https://www.ptsd.va.gov/professional/continuing_ed/ptsd_overview_tx.asp
https://www.ptsd.va.gov/professional/continuing_ed/applications_trauma_therapies.asp
https://www.ptsd.va.gov/professional/continuing_ed/engaging_patients_ptsd_tx.asp
https://www.ptsd.va.gov/professional/continuing_ed/cognitive_processing_therapy101.asp
https://www.ptsd.va.gov/professional/continuing_ed/pe_therapy_effective_tx.asp
https://www.ptsd.va.gov/professional/continuing_ed/mission_act.asp
https://www.ptsd.va.gov/professional/continuing_ed/missionact_mst_mentalhealth.asp
https://www.ptsd.va.gov/professional/continuing_ed/culturally_responsive_ptsd_care.asp

The Medical College of South Carolina and partners offer two 13-session on-line training courses introducing CPT for PTSD and PE for PTSD interventions: <https://cpt2.musc.edu/> and <http://pe.musc.edu/>.

- CPTWeb ^{2.0} (<https://cpt2.musc.edu/>) offers a free, self-paced, online training course for mental health professionals learning **Cognitive Processing Therapy (CPT)**. It was developed in close collaboration with the CPT developers and incorporates all the most recent developments in the model. The course covers the foundations of CPT and each of the treatment components. Each module has a concise explanation of the treatment component, video demonstrations of treatment procedures and techniques, and clinical materials and resources. CEUs are available to demonstrate completion of the series.
- PEWeb (<http://pe.musc.edu/>) offers a free online, interactive, training program for mental health professionals designed to teach mental health providers how to implement **Prolonged Exposure therapy**, one of the most highly effective treatments for people with post-traumatic stress disorder (PTSD). This site has a particular focus on the treatment of military and combat-related PTSD although the principles and methods described work well for any type of traumatic event that results in PTSD.

Kate Chard 2-day CPT Course info (Not Free; unsure of costs):

[Workshops | Cognitive Processing Therapy \(cptforptsd.com\)](http://cptforptsd.com)

VA courses about PTSD assessment include

https://www.ptsd.va.gov/professional/continuing_ed/practical_assessment.asp (1 hr)
https://www.ptsd.va.gov/professional/continuing_ed/caps5_clinician_training.asp (4.5 hrs)
https://www.ptsd.va.gov/professional/continuing_ed/caps5_training_simulator.asp (2.5 hrs)

Other VA resources:

https://www.ptsd.va.gov/professional/continuing_ed/psych_firstaid_training.asp
https://www.ptsd.va.gov/professional/continuing_ed/index.asp
https://www.ptsd.va.gov/professional/continuing_ed/all_offerings.asp

<https://www.ptsd.va.gov/appvid/video/index.asp>
https://www.ptsd.va.gov/appvid/video/pro_videos.asp
<https://www.ptsd.va.gov/appvid/aboutface.asp>
<https://www.ptsd.va.gov/appvid/courses.asp>
<https://www.ptsd.va.gov/appvid/mobile/index.asp>

Links to clinical practice guidelines and other written documents

<https://www.ptsd.va.gov/professional/treat/txessentials/index.asp>

Center for Deployment Psychology training resources may or may not be available but include:

[Self-Paced eLearning Courses | Center for Deployment Psychology](#)
[Webinars and Online Courses | Center for Deployment Psychology](#)
[Clinical Skills Resources | Center for Deployment Psychology](#)

[Cognitive Processing Therapy \(CPT\) | Center for Deployment Psychology](#)
[CPT Metaphor Bank TEST \(deploymentpsych.org\)](#)
[Videos | Center for Deployment Psychology](#)
[Cognitive Processing Therapy Videos Main Page | Center for Deployment Psychology](#)

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Appendix A: Internship Admissions, Support, and Initial Placement Data

VA Nebraska-Western Iowa Psychology Doctoral Internship:

INTERNSHIP PROGRAM TABLES

Date Program Tables are updated: September 12, 2022

Program Disclosures

| | |
|---|---|
| <p>Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution's affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values?</p> | <p><input checked="" type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> |
| <p>If yes, provide website link (or content from brochure) where this specific information is presented:</p> <p>As a Federal institution, all VA employees and trainees must comply with the following, Please do not apply to the Internship if you cannot meet these criteria:</p> <p>A CERTIFICATION OF U.S. CITIZENSHIP CERTIFICATION OF SELECTIVE SERVICE REGISTRATION STATUS (males only) PASSING RANDOM URINE DRUG SCREENING</p> <p>Note that use of CBD is still considered use of a controlled substance under federal law and therefore evidence of use of CBD or other cannabis-related substance at any point in the internship would prevent one from passing a random drug screening, and <u>therefore would not allow an applicant or Matched Intern to start or continue a position with the VA</u> (in other words, this could cause an Intern who may otherwise be doing well to fail to be able to successfully complete this or any VA internship). For more specifics, please read: https://www.va.gov/OAA/onboarding/VHA_HPTsDrug-FreeWorkplaceOAA_HRA.pdf</p> <p>Federal employment/trainee positions (including VA Internship Match selection and subsequent appointment as an Intern trainee) is conditional upon successful completion of required fingerprinting and background check which includes fingerprinting sent to the FBI.</p> <p>Please note, applicants with significant legal histories (beyond minor traffic and minor misdemeanors) may not be able to be credentialled to see patients at the VA. Please provide relevant information in your application, as needed, and if requested on interview.</p> <p>Note: As of Sept 2022, proof of full vaccination for COVID has been required for VA-NWI clinicians and staff at NWI, including trainees. This may or may not be in place for the 2023-24 training year.</p> | |

Internship Program Admissions

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:

Internship applicants must meet the following criteria to be considered for the VA NWI Doctoral Internship in Clinical Psychology Program:

- 1) Doctoral student in clinical or counseling psychology program accredited by American Psychological Association (APA) or Canadian Psychological Association (CPA), or an accredited re-specialization program accredited by APA.
- 2) Approved for Internship status by graduate program director of training.
- 3) All coursework required for the doctoral degree, including qualifying and comprehensive examinations, must be completed prior to the start of the Internship year. Applicants must have successfully proposed their dissertation by the Internship application deadline. We prefer candidates whose doctoral dissertations will be complete by the time the Internship year begins, although this is not required.
- 4) Applicants must have successfully proposed their dissertation by the Internship application deadline. We also prefer applicants who have their Masters (or equivalent) by the time Internship begins unless successfully explained why not in the cover letter.
- 5) See also the assessment and intervention hour requirements, below.
- 6) A brief (1 to 2 pages) cover letter with statement of interest that incorporates the answers to the following questions:
 - ☐ What are your interests and goals for internship and beyond?
 - ☐ Why did you apply to NWI internship?
- 7) See Program Disclosures, above.
- 8) Per APPIC guidelines: Applicants have been told NOT to submit any supplemental materials (assessment reports or treatment summaries) in the initial application submission for Phase II. Applicants may be asked for these supplemental materials after being reviewed and/or selected for an interview. 2 WAIS-IV assessment reports; one must also include personality assessment (MMPI-2. MMPI-2-RF, PAI).

Selection Process:

Applications for Match II are due on or before 11:59 PM Eastern Standard Time (10:59 PM Central Standard Time) on March 1, 2023. For the 2023-24 training year, virtual interviews will be held on March 6th and/or 8th, 2023.

Applicants may choose to apply to one, two or all three currently available training tracks. Applications are reviewed by the entire NWI training committee. There is a single interview process with representative supervisors from three current training sites, after which applicants who have interviewed rank (and are ranked by) each track separately. Our selection criteria are based on the "goodness of fit" for success in our "excellent generalist" Scholar-Practitioner model. Please see the "Goodness of Fit" section in the full brochure.

Although there is an emphasis on training "excellent generalists" to serve rural Veterans, graduates have gone on to a variety of settings, urban and rural, including postdocs and entry-level jobs inside VA, as well as at university medical centers, private practices, etc. outside VA. Formal accredited postdocs for prior Interns have included specialty training in neuropsychology, health psychology, pain psychology, general outpatient mental health, PTSD, etc. The three training tracks are described in the full brochure, all of which train to APA's 9 profession-wide competencies in slightly different ways.

The VA Nebraska-Western Iowa in which our training program resides is committed to encouraging a range of diversity among our training classes. All things being equal, consideration is given to applicants who identify themselves as Veterans, as having rural life experience, and/or as representing historically underrepresented groups including diversity on the basis of racial or ethnic status, sexual orientation, or disability status.

| Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many: | | | |
|---|------------|--|-----------------------------|
| Total Direct Contact Intervention Hours | Yes | | Amount: Min 350 (see below) |
| Total Direct Contact Assessment Hours | Yes | | Amount: Min 50 (see below) |

| Describe any other required minimum criteria used to screen applicants: |
|---|
| <p>The 350 hours of direct contact intervention experience is a minimum, with greater number of direct contact intervention hours preferred. Of the 350+ hours of intervention experience, we also prefer a significant proportion to be hours of CBT experience. Please see the "Goodness of Fit" section in the full brochure. As noted above applicants are required to have at least 350 hours of supervised intervention experience. We prefer that applicants have prior exposure to at least one type of empirically supported/evidence-based therapy, and if possible, some group therapy experience. If prior experiential training in cognitive-behavioral therapy (CBT) interventions or manualized interventions utilizing evidence-based practices is limited, then that should be addressed in the cover letter.</p> <p>Applicants are preferred to have a minimum of 50 direct assessment hours of supervised graduate level pre-internship practicum experience. There should be a minimum of five integrated psychological assessment reports that have been completed. Applicants who do not meet the assessment hours can still apply but strengths and weaknesses of assessment experiences should be discussed/addressed in your cover letter and or application</p> |

Financial and Other Benefit Support for Upcoming Training Year*

| | | |
|--|-----------------|-----------|
| Annual Stipend/Salary for Full-time Interns | \$33,469 | |
| Annual Stipend/Salary for Half-time Interns | N/A | |
| Program provides access to medical insurance for intern? | Yes | |
| If access to medical insurance is provided: | | |
| Trainee contribution to cost required? | Yes | |
| Coverage of family member(s) available? | Yes | |
| Coverage of legally married partner available? | Yes | |
| Coverage of domestic partner available? | | No |
| Hours of Annual Paid Personal Time Off (PTO and/or Vacation) | 104 | |
| Hours of Annual Paid Sick Leave | 104 | |
| In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave? | Yes | |
| Other Benefits (please describe): See Brochure for details: 11 Federal Holidays = 88 hours | | |
| The Family Medical Leave Act (FMLA) does not apply to Psychology Interns until they have been appointed for one year (same as non-trainee employees). However, a Psychology Intern is eligible to apply for up to 12 weeks (maybe more) of Leave without Pay (LWOP) but this will not be through the formal "FMLA procedures." If more is needed than AL and SL allow with advance permission, | | |

NWI may make a request to the national VA for permission to extend beyond the planned training year to make up hours (with no additional stipend). See brochure for details.

Once on board, Interns may inquire with local NWI HR about various work-life benefits:

<https://www.va.gov/OHRM/WorkLifeBenefits.asp>

e.g., the “VA Child Care Subsidy Program” for which Interns and other staff below a certain income level can apply after 90 days of ‘employment’:

<https://www.va.gov/ohrm/worklifebenefits/vachildcare.asp>

Other benefits:

- Liability Coverage
- Worker’s Compensation (or equivalent)
- Choice to participate in Life Insurance
- At discretion of internship – limited Authorized Absence Leave. See Full Brochure.
- Pay out of unused AL leave and transfer of unused SL when leaving the Internship
- Federal Service Credit for future leave purposes (but not credited for retirement benefits)

Initial Post-Internship Positions

(Aggregated Tally for the Preceding 3 Cohorts – updated Sept. 2022)

| | 2019-2022 | |
|---|------------------|-----------|
| Total # of interns who were in the 3 cohorts | 21 | |
| Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree | 2 | |
| | PD | EP |
| Academic teaching | 0 | 0 |
| Community mental health center | 0 | 0 |
| Consortium | 2 | 0 |
| University Counseling Center | 0 | 0 |
| Hospital/Medical Center | 3 | 0 |
| Veterans Affairs Health Care System | 2 | 7 |
| Psychiatric facility | 0 | 0 |
| Correctional facility | 0 | 0 |
| Health maintenance organization | 0 | 0 |
| School district/system | 0 | 0 |
| Independent practice setting | 2 | 3 |
| Other | 0 | 0 |

Note: “PD” = Post-doctoral residency position; “EP” = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.

VA Nebraska-Western Iowa Psychology Doctoral Internship:

4 Internship positions at 3 training sites for 2023-24

The overall aim of the NWI Doctoral Internship in Clinical Psychology Training Program is to develop competent, well-rounded psychologists prepared for independent practice as “excellent generalists” in rural America, preferably within the VA. This requires psychologists to be able to competently function within interprofessional collaborative teams, to utilize theoretically informed, evidence-supported (and preferably evidence-based) practices, while also having the ability to think critically when addressing areas of limited research.

All 3 training sites operate within a single unified Internship program, with many shared training experiences (e.g., weekly didactics and other trainings). Interns at all training sites train towards the same professional competencies, with some variation in experiences. All three training sites use three ‘rotational periods’ for purpose of formal evaluations.

Regardless of training site, each Intern receives a minimum of four hours of scheduled supervision, two of which must be individual supervision. All Interns participate in weekly Assessment Clinic group supervision (one and one-half hours), and a (currently) Monday morning more general group supervision (one hour). Pre-COVID, the hybrid model had a local supervisor in the room with the Interns at each site and connected across the training sites virtually. Currently post-the onset of COVID, all Interns meet with their supervisors (individually and group) virtually via TEAMS even if in adjacent offices, both for safety and to enjoy seeing each other’s faces on the screen. The exception is that there is no local supervisor in the room with the Norfolk-based Intern during the Assessment Clinic group supervision. Therefore, the Norfolk-based Intern has one additional hour of individual scheduled supervision with the on-site supervisor. As with group supervision, post-COVID individual supervision is typically virtual wherever possible even when both are on site, possibly in nearby offices.

Outline of training tracks:

Note: “Rotations” are year-long experiences, typically under different supervisors. Evaluations are done three times a year, at the end of each of three “rotational periods.”

1) Track 221711 – “NWI – Rotation Based – Grand Island VA” Track – Grand Island, NE

This training track has changed to two Intern slots for the 2023-24 Internship year. This track is based at the Grand Island VA. The Grand Island VA no longer has inpatient treatment settings but continues to have residential nursing home and residential substance abuse treatment settings, as well as being a very large outpatient facility (akin to a “Super-CBOC”).

The Grand Island VA training track has three ‘rotations’ of varying length. Across the training year, both Interns spend one day per week in the PTSD rotation, and one day per week in the Assessment Clinic. The other rotations are General Outpatient Mental Health (GMH) and Primary Care Mental Health Integration (PCMH). The Grand Island track includes both individual and group work in the outpatient clinic (both GMH and PTSD) as well as group work within the residential substance abuse treatment program as part of the GMH rotation.

2) Track 221712 – “NWI – Rotation Based – Lincoln VA” Track – Lincoln, NE

This training track has a single Intern slot for the 2023-24 Internship year. The Lincoln VA Clinic is a very large community-based outpatient clinic (aka “Super-CBOC”).

The Lincoln VA Clinic training track has three year-long ‘rotations’ – GMH 2 days per week; PTSD 1 day per week; and Assessment Clinic one day per week. The GMH and PTSD training in Lincoln are primarily individual therapy experiences, although some group work may become available. There is an outpatient intensive substance abuse treatment program, and in the past some Interns in Lincoln have participated in the Anger Management group in

this program. Provided the Intern is meeting expectations and if sufficient clinical experiences are available, they can request some of their GMH hours to be used within the PCMH treatment environment.

3) Track 221713 – “NWI – NO Rotations – Rural Norfolk CBOC” Track:

This training track has a single Intern slot for the 2022-23 Internship year and is based at a smaller, more typically sized, rural “Community Based Outpatient Clinic” (aka “CBOC”) in Norfolk, NE.

The “Rural Norfolk NE/No Rotations” training setting does **not** have separate rotations nor different supervisors for different types of intervention cases. The Norfolk-based Intern trains to the same competencies as the other training sites with a similar array of case types but in the order of how they walk in the door, rather than through rotational structure. The Norfolk-based Intern does more travel to the other training sites than his/her peers, which is also typical of rural psychology practice. When traveling to other training sites using the VA station vehicle, the Norfolk-based Intern can expand his or her clinical training experience and supervision across the other training sites.

Note: Tracks in Omaha are no longer offered for the 2023-24 training year due to limited supervision availability.